

Name  
In  
Full

Leon R. Allaire

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bovans</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1904</u> <sup>Month</sup> <u>Jan.</u> <sup>Day</sup> <u>20</u>	Age	<u>22</u> <sup>Years</sup>	Months	<u>6</u> <sup>Days</sup>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Md</u>
Occupation	<u>Clerk</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Henry C. Allaire</u>			Father's Birthplace	<u>N. Y.</u>
Mother's Maiden Name	<u>Odelia Ruth</u>			Mother's Birthplace	<u>N. Y.</u>
Name of person giving information	<u>Henry C. Allaire</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Purpura Hemorrhagica with Nephritis</u>	How long	<u>About one year</u>
Immediate	<u>Uraemia</u>	How long	<u>About 12 hours</u>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

William J. Pillsbury, M.D.

Address

2801 York Road Balt. City

Accident or Suicide?

Place of burial London Park

Undertaker John A. Langer  
223 S. Broadway

Name

In Full

Cleanora E Allen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>North Branch</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>Jan</i>	Day <i>11</i>	Years <i>70</i>	Months <i>5</i> Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>North Branch</i>		
Occupation <i>House Maiden</i>	Where Residing if not at place of death <i>North Branch</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Phillip Allen</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Charity Parrish</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>J. M. Allen</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>(93)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. H. Steller</i>
	Address <i>Harrodsville</i>
Accident or Suicide?	<i>Ind</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Bertha Felicitas Amberg</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Date of death 190 <i>6</i>		Month <i>Jan</i>		Day <i>8</i>	
Age <i>2</i>		Years <i>2</i>		Months <i>3</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>					
Name of Wife or Husband							
Father's Name <i>Ernest O. Amberg</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Frederic C.</i>				Mother's Birthplace <i>..</i>			
Name of person giving information <i>Ernest O. Amberg</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Membranous. Croup</i>	How long <i>1 day</i>
Immediate <i>Aspiration</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. Gibney M.D.</i>
	Address <i>1731 E. Bawd St.</i>
Accident or Suicide?	

W. W. Fuller -

J. Alphonse Com-

Name  
in  
Full

Earl M. Ballentine

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Highlandtown</i>		<sup>County</sup> <i>Batte</i>		MARYLAND	
Date of death <i>190 C</i>	Month <i>1</i>	Day <i>30</i>	Age <i>—</i>	Months <i>4</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Batte. Co.</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>255 blairmount</i>				
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Clarence Ballentine</i>			Father's Birthplace <i>Batte.</i>		
Mother's Maiden Name <i>Maggie Lemming</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Maggie Ballentine</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>11 days</i>
Immediate <i>Exhaustion</i>	How long <i>93</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yls</i>	Signature of Physician <i>J. Warner</i>
	Address <i>1170 Highland</i>
Accident or Suicide? <i>No</i>	

J. M. Carmel. Com  
J. Herwig & Son  
2/1/06



Name  
in  
Full

Matzos Balosie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Sparrows Point <sup>County</sup> Balto.

MARYLAND

Date of death 1906 Jan.

Month

Day

Years

Months

Days

17

Age 51

Sex Male

Color or  
Race

White

Birth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wile or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information

Joe Blair

How related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

Accidental drowning

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

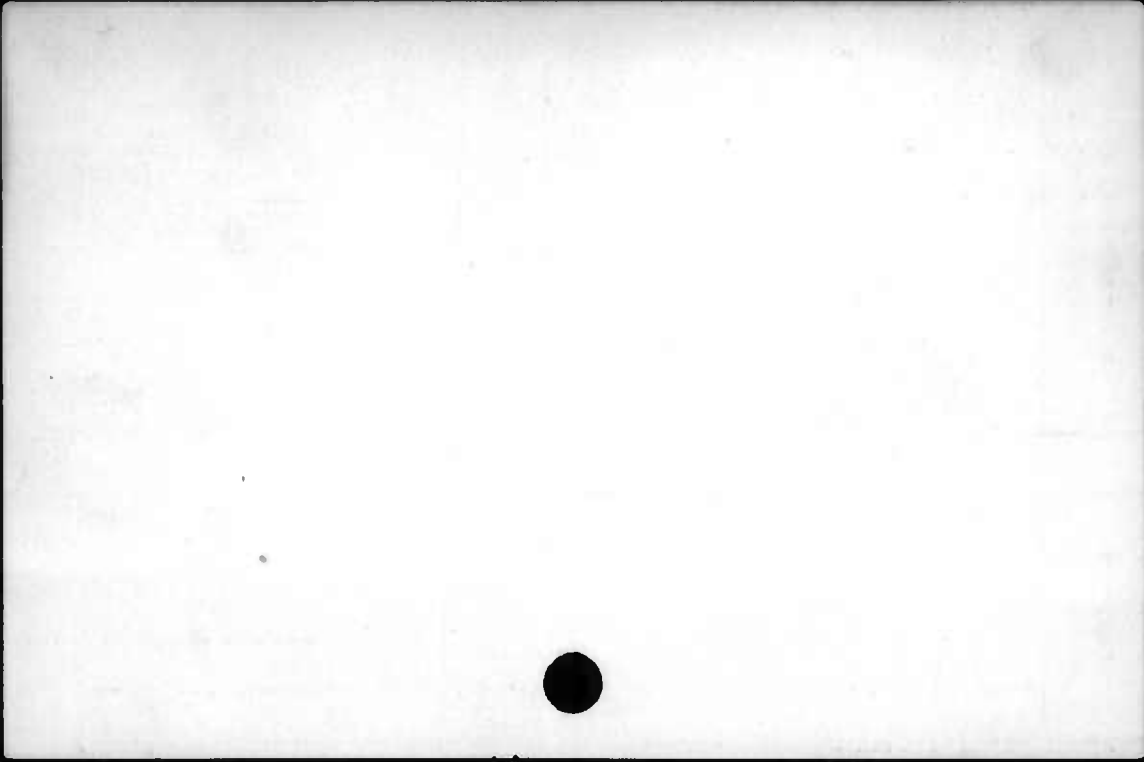
Address

Joe Blair J.P.  
Sparrows Point

Accident or Suicide?

Accident

PHYSICIAN  
OR CORONER



Name  
in  
Full

Infant child of J. F. Bartlett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Roland Park		Baltimore		Maryland	
Date of death	1906	Month	Jan	Day	9	Age	—
Sex		Male		Color or Race		White	
Occupation		—		Where Residing if not at place of death		—	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		John F. Bartlett		Father's Birthplace		Baltimore Md.	
Mother's Maiden Name		Winifred M. Gibson		Mother's Birthplace		"	
Name of person giving information		J. F. Bartlett		How related to deceased		Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature birth	How long	(15)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. Gibson Porter
		Address	Roland Park Md.
Accident or Suicide?	No.		

Elmhurst Road

Dr M Gibson Porter

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Infant Bennett</i>		Town <i>Balto</i>		County <i>Balto</i>		MARYLAND			
Died at <i>near Owings Mill</i>		Date of death <i>1906</i>		Month <i>Jan</i>		Day <i>31</i>		Age <i>10 hours</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Balto, co, Md</i>		Occupation		Where Residing if not at place of death	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Name <i>Alonza Bennett</i>		Father's Birthplace <i>Balto, co, Md</i>		Mother's Maiden Name <i>Amanda Scott</i>	
Name of person giving information <i>Alonza Bennett</i>		How related to deceased <i>Father</i>		Mother's Birthplace <i>V, A</i>		Occupation		Where Residing if not at place of death	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature birth</i>	How long <i>3 months</i>
Immediate <i>by partition</i>	How long <i>a few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Campbell</i>
	Address <i>Owings Mill Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Roseburg</i> <sup>Town</sup>		<i>Balt-</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>19</i> <sup>Years</sup>		Age <i>30</i> <sup>Months</sup>		<i>30</i> <sup>Days</sup>	
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Balt-</i>			
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Jessie Biddison</i>	Father's Birthplace				
Mother's Maiden Name <i>Anna Fay</i>	Mother's Birthplace				
Name of person giving information <i>Jessie Biddison</i>	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<del>Primary</del> <i>Pneumonia</i> <i>(93)</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. D. Coore</i>
	Address <i>Gardenville</i>
	<i>Ind</i>
Accident or Suicide?	





Name in Full		Pauline H. M. Bishop				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rockland		Ballo.		MARYLAND		
	Date of death	1906	Month 1	Day 29	Age 7	Months 6	Days 12	
	Sex	Female		Color or Race	White		Birth-place	Rockland
	Occupation	None			Where Residing if not at place of death			Rockland
	Married, Single or Widowed	Single		Name of Wife or Husband		None		
	Father's Name	George Bishop				Father's Birthplace	Ballo. City	
	Mother's Maiden Name	Willie J. Chenoweth				Mother's Birthplace	Montgomery Co	
Name of person giving information	George Bishop				How related to deceased	Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Cold				How long	-	
	Immediate	Pneumonia				How long	Three Days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
					Rider, Md			
Accident or Suicide?								

John Burns Sons  
Towson  
Saters Cerr.  
Ballo. Co.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Jan	23			1	12
Sex	Male	Color or Race	White		Birth-place	Md	
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Henry Bohlen				Father's Birthplace	Md	
Mother's Maiden Name	Sutz				Mother's Birthplace	Md	
Name of person giving information	—				How related to deceased	71	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Eclampsia		How long	3 hours
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
ye		B. V. Mace		
		Address		
		Rossview		
		Md		
Accident or Suicide?				

Howard's Cove

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Agnes Hospital Baltimore.</i>		County	
Date of death <i>1906 Jan 16</i>		Age <i>59</i>	Months <i>-</i> Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>	
Occupation <i>Engineer.</i>		Where Residing if not at place of death <i>-</i>	
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Clara Agnes (Peter) Boland</i>		
Father's Name <i>Patrick Boland</i>	Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Bridget ?</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Clara Agnes Boland</i>	How related to deceased <i>Wife.</i>		

## CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis.</i>	How long <i>6 yrs.</i>
Immediate <i>Cardiac Dehiscence.</i>	How long <i>-</i>

Are the name, age, sex, color, date and place correctly given above?

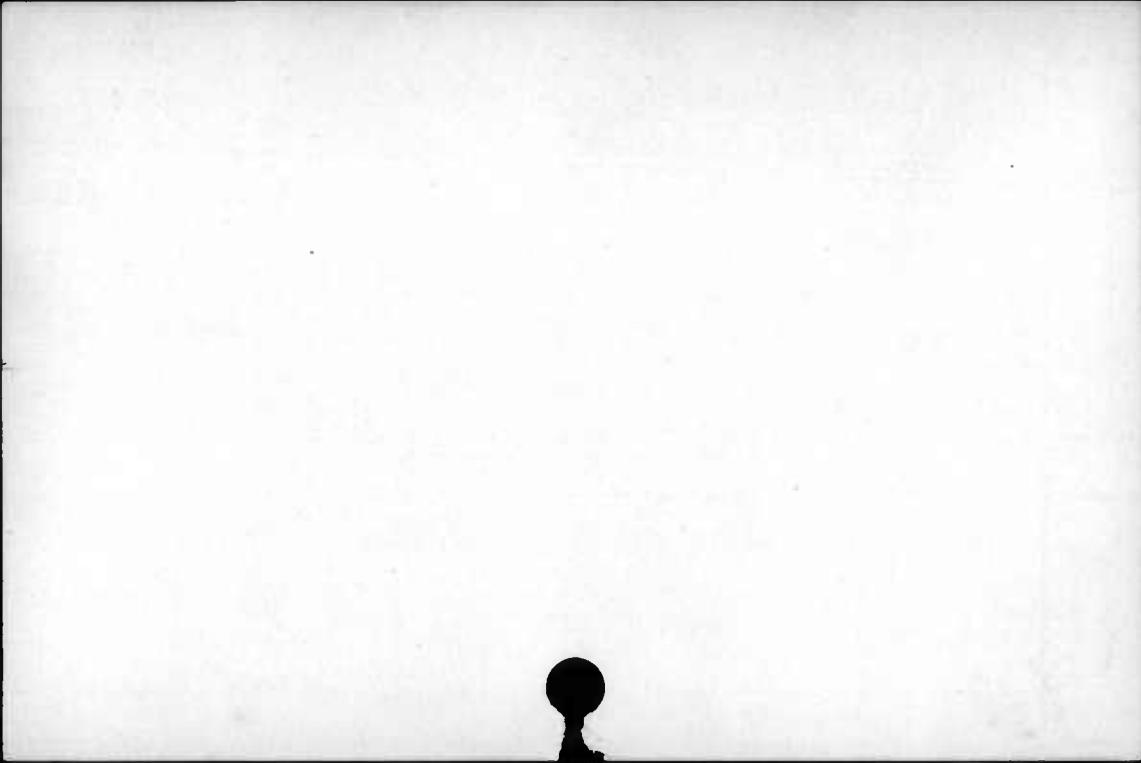
*Yes.*

Signature of Physician

Address

*J. W. Shaw*  
*St. Agnes Hospital*

Accident or Suicide?



Name  
in  
Full

Cecilia Bosley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Mounton<sup>County</sup> Balto.Date  
of death 1906Month  
Jan

Day

25

Years  
Age 66

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Balto W

Occupation

Housewife

Where Residing if not  
at place of deathMarried, ~~single~~  
or ~~widowed~~Name of Wife or  
Husband

Samuel Bosley

Father's  
Name

John D. Scott

Father's  
Birthplace

Balto W

Mother's  
Maiden Name

Elizer Stiers

Mother's  
Birthplace

Balto W

Name of person giving  
In formation

Samuel Bosley

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

1/2 hour

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

J. R. Payne

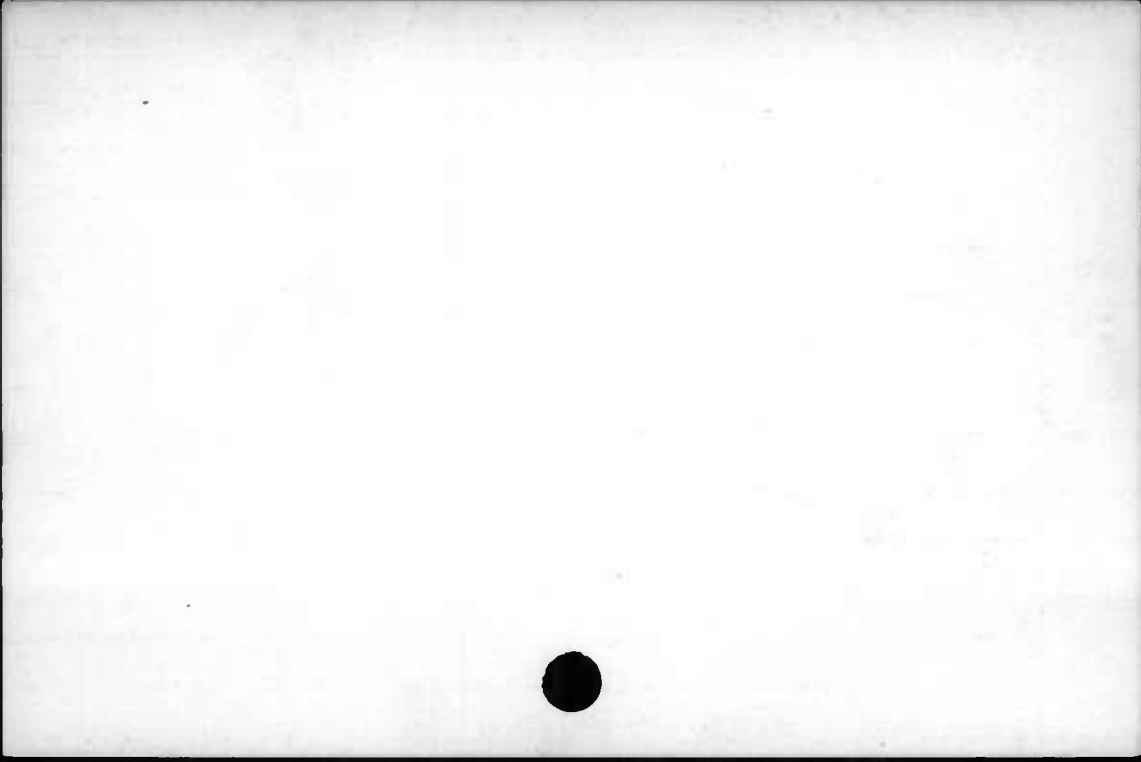
Address

Gorham

Accident or Suicide?

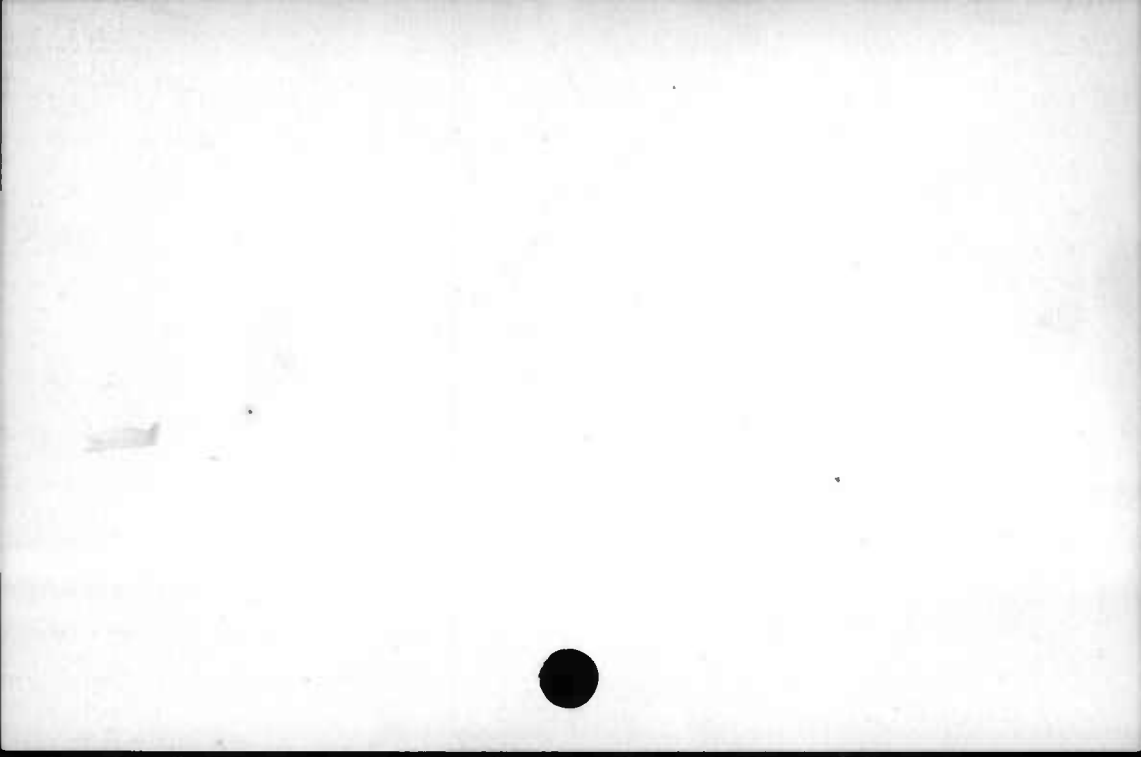
no

PHYSICIAN  
OR CORONER





Name in Full		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Butler</i>		County <i>Balt</i>		MARYLAND		
	Date of death 190		6	Month 1	Day 20	Age 3	Years 3	Months 1	Days 1
	Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Ind</i>				
	Married, Single or Widowed <i>—</i>				Occupation <i>—</i>				
	Name of Wife or Husband <i>—</i>								
	Father's Name <i>Lincoln Besley</i>				Father's Birthplace <i>Ind</i>				
	Mother's Maiden Name <i>Lilly Hundermark</i>				Mother's Birthplace <i>Ind</i>				
Name of person giving In formation <i>Harmon Condoles</i>				How related to deceased <i>Cousin</i>					
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary				How long				
	Immediate <i>Croup</i>				<i>3 days</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Just A Wilam</i>				
					Address <i>Howlandburg Ind</i>				
	Accident or Suicide?								



Name In Full		Emma C. Bowersock				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Park Heights Ave	County Balto	MARYLAND		
		Date of death		1906	Month Jan	Day 8	Age 61	Months 7
		Sex		female		Color or Race	white	
		Occupation				Birth-place	Balto Md	
		Where Residing if not at place of death		Park Heights Ave				
Married, Single or Widowed		married		Name of Wife or Husband		Austin Bowersock Sr		
Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving information		Harry J. Bowersock		How related to deceased		Son		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Heart Disease, preceded by Bronchitis				5 Years or more		
		Immediate				How long		
		Heart failure, due to valvular disease				" "		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
				Address				
Accident or Suicide?				Pearl Kintzinger M.D.				

William Cook.

Name  
in  
Full

William S. Bradford

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Highlandtown <sup>County</sup> Balto.

MARYLAND

Date of death 1906 Jan. 4 Age 58

Months Days

Sex Male Color or Race White Birthplace Balto. Md

Occupation Brick Burner Where Residing if not at place of death

~~Married, Single~~ Widowed Name of Wife or Husband

Father's Name Thomas S. Bradford Father's Birthplace Maryland

Mother's Maiden Name Lelia Wood Mother's Birthplace Maryland

Name of person giving Information Frank Bradford How related to deceased Son

## CAUSES OF DEATH

Primary Broncho-pneumonia (92) How long 14 day

Immediate Exhaustion How long -

Are the name, age, sex, color, date and place correctly given above? yes

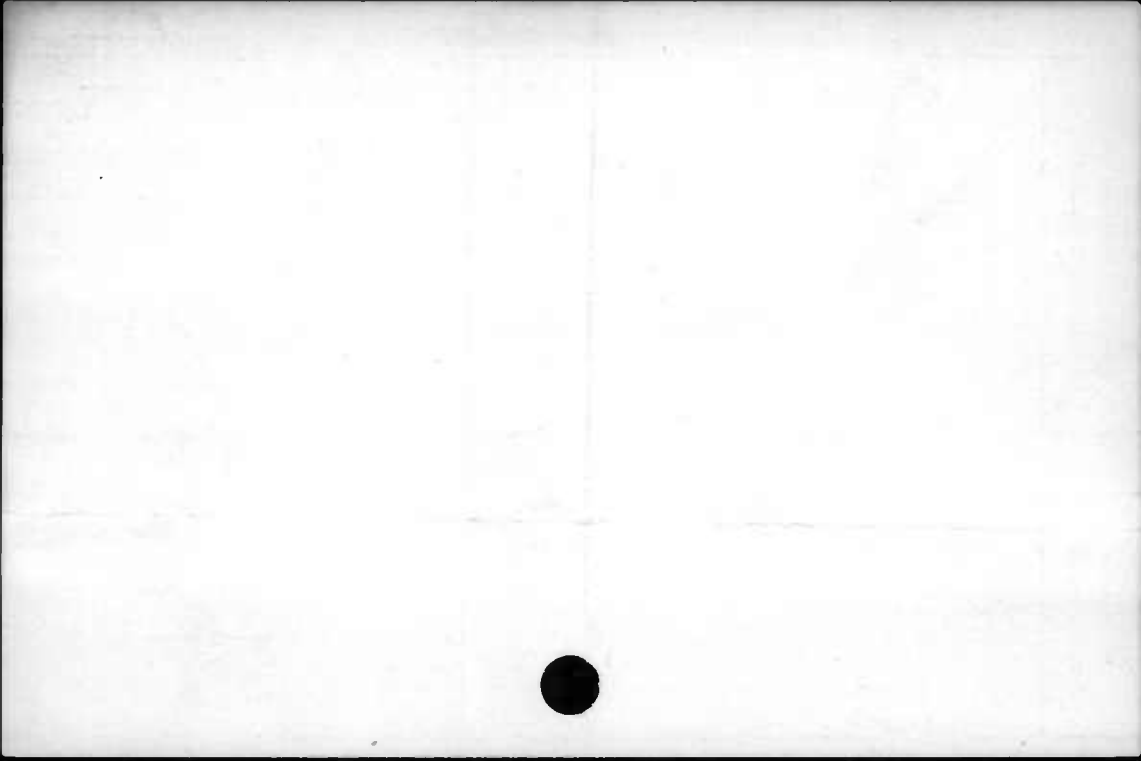
Signature of Physician J. S. Warner M.D.

Address 1124 Highland av

Accident or Suicide? No

J. A. Dargen  
Mt. Carmel

Name in Full <i>Emily Brown</i>		3/1/11		CERTIFICATE OF DEATH	
Died at <i>Bracehan</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>1</i>	Day <i>16</i>	Age <i>88</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>—</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Sampson Brown</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Mary</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Elizabeth Brown</i>		How related to deceased <i>Sister-in-law</i>			
CAUSES OF DEATH					
Primary		<i>179</i>		How long <i>—</i>	
Immediate <i>Heart failure</i>		<i>yes</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Harry Schuch</i>			
		Address <i>Undertaker / upper Falls md</i>			
Accident or Suicide? <i>—</i>					





Name in Full		DIGNITY BUCKLEY				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Grange		County Baltimore			
				MARYLAND					
		Date of death		1904	Month Jan	Day 30	Age 53	Years Months Days	
		Sex		Male		Color or Race White		Birth-place Russia	
		Occupation		Laborer		Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed		M		Name of Wife or Husband Not known			
		Father's Name		Not known		Father's Birthplace Not known			
		Mother's Maiden Name		~ ~ ~		Mother's Birthplace ~ ~ ~			
		Name of person giving information		Konrad Pleusel		How related to deceased Employer			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Asthma		How long 6 hrs.			
		Immediate		Indigestion		How long 6 hrs.			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Coroner Fred L. Pfeffer			
				Address		1218 First St			
		Accident or Suicide		Natural					

H. Sander and Son  
Oak Lawn Ave.

Name  
in  
Full

## CERTIFICATE OF DEATH

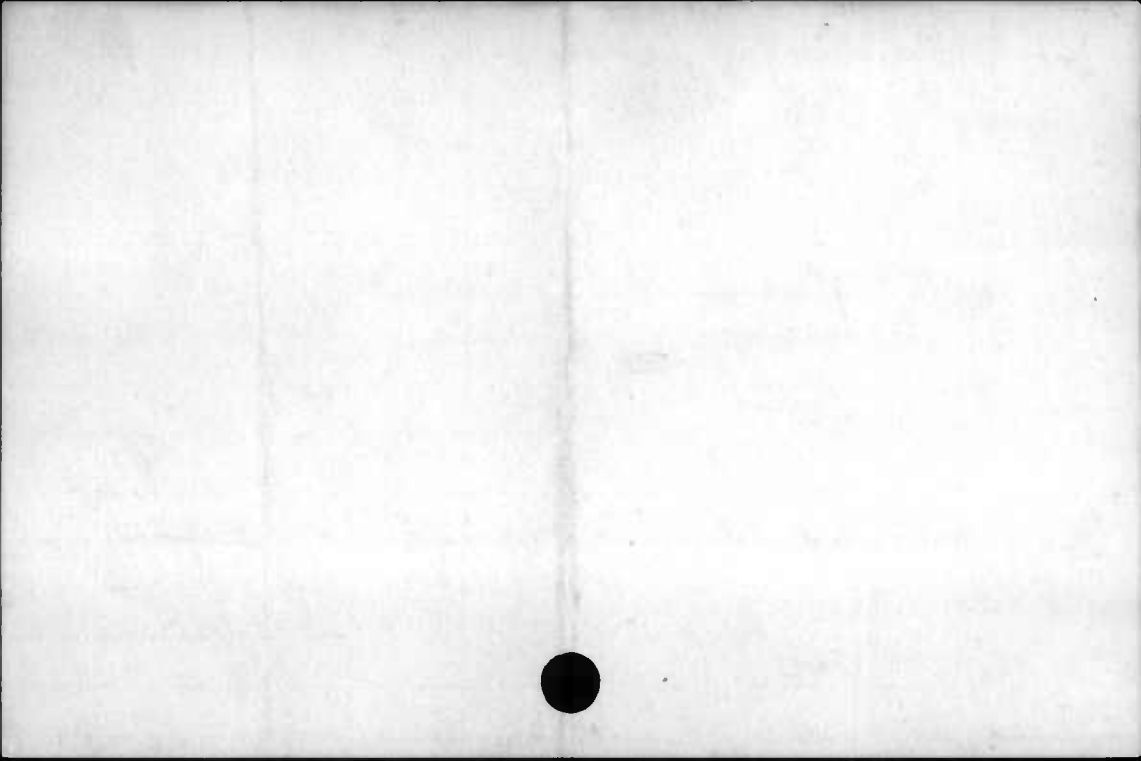
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Annie S. Byerly</i>		Town <i>Fowbleburg</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at		Month <i>Jan.</i>		Day <i>4.</i>		Age <i>49</i>	
Date of death 190 <i>6</i>		Years		Months		Days <i>25.</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fowbleburg</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>William Byerly</i>							
Father's Name <i>John Hough</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Maria Fowble</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Darry Pitts</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>3 yrs</i>
Immediate <i>8</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Jas. H. Wilson</i>
	Address <i>Fowbleburg, Maryland</i>
Accident or Suicide?	



Name  
in  
Full

Jno. W. Byrne

## CERTIFICATE OF DEATH

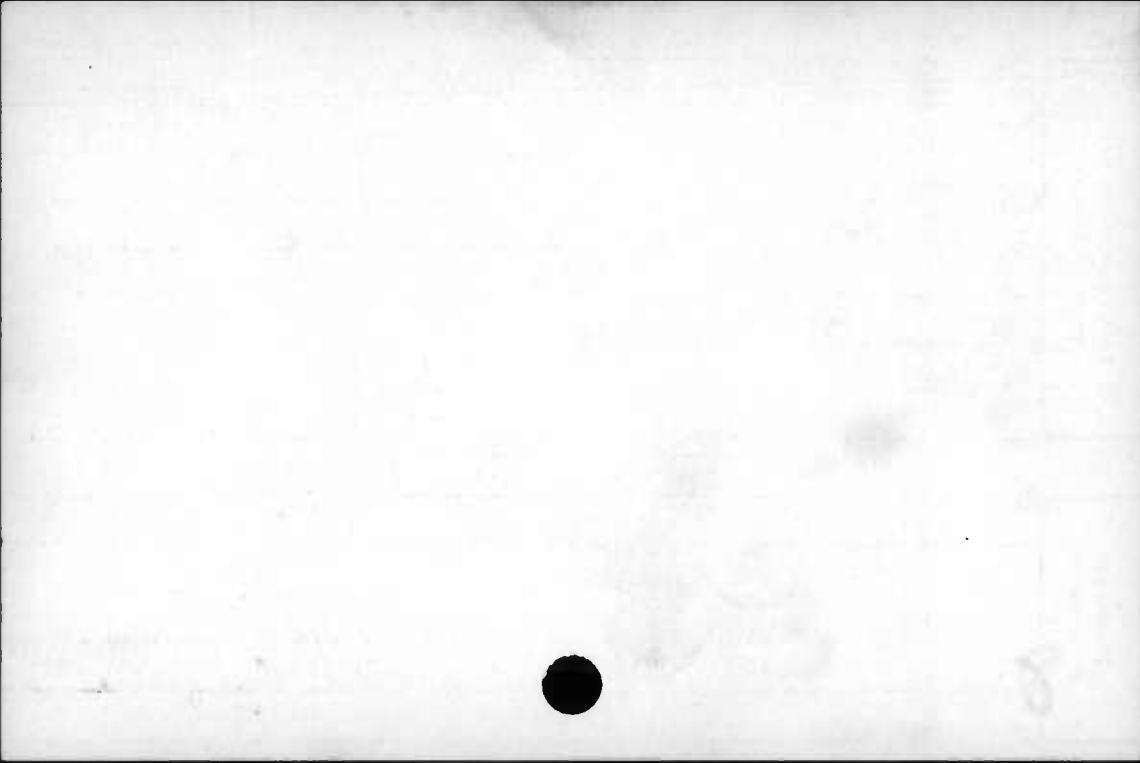
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mount Hope Retreat</i> <sup>Town</sup> <i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>1st</i>	Age <i>37</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>unknown</i>	Months <i>unknown</i>
Occupation <i>Ex Letter Carrier</i>	Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unknown</i>		
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Reed, Mt Hope</i>	How related to deceased <i>not at all</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mania Chronic</i>	How long <i>over 15 yrs -</i>
Immediate <i>Ex -</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
Address <i>Mt Hope Retreat Baltimore Co</i>	
Accident or Suicide? <i>no</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

James A. Cairnes

MARYLAND

Died at <sup>Town</sup> Hereford <sup>County</sup> BaltimoreDate of death 1906 <sup>Month</sup> January <sup>Day</sup> 31<sup>st</sup> <sup>Years</sup> Age 68 <sup>Months</sup> 9 <sup>Days</sup> 21Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Harford Co.Married, ~~Single~~  
or ~~Widowed~~

Occupation

Farmer

Name of Wife  
Husband

Susie R. Cairnes

Father's  
Name

George Cairnes

Father's  
Birthplace

Jannettville

Mother's  
Maiden Name

Mary Ann Bay

Mother's  
Birthplace

Coopstown

Name of person giving  
Information

Mary A. Cairnes

How related  
to deceased

Daughter

## CAUSES OF DEATH

Primary

Heart &amp; Stomach trouble

How long

8 Weeks

Immediate

"

"

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

S. W. Hunter M.D.

Address

Wiseburg, Balto Co  
Md.

Accident or Suicide?

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Bethel Cemetery Feb. 4



Name  
in  
Full

CERTIFICATE OF DEATH

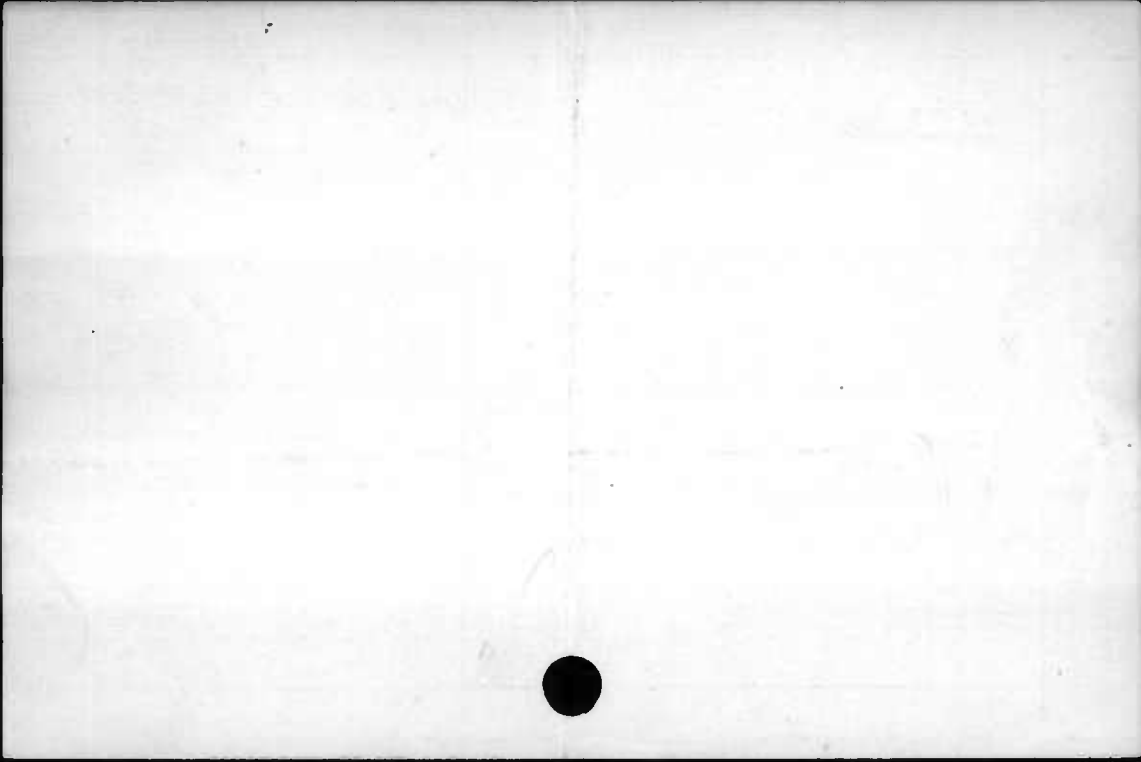
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Philadelph</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Jan</i>	Day <i>10</i>	Age <i>94</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Baltimore, Co</i>				
Occupation <i>Domestic</i>	Where Residing if not at place of death						
Married, Single or Widowed		Name of Wife or Husband <i>James Cantion</i>					
Father's Name <i>Ashley Jenkins</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Josephine Jenkins</i>		How related to deceased <i>Sister in law</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular affection of heart</i>	How long <i>Months</i>
Immediate <i>Pulmonary Edema</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. W. Sherman M.D.</i>
	Address <i>Glenview Ind.</i>
Accident or Suicide?	



Name in Full		Mrs. Katie Chaffman				CERTIFICATE OF DEATH	
Died at		near Coopersville		Town		County	
Date of death		1906		Month		Days	
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		near Coopersville	
Married, Single or Widowed		Married		Name of Wife or Husband		Benjamin Chaffman	
Father's Name		Dan Ferry		Father's Birthplace		Harford Co. Md	
Mother's Maiden Name		Sarah Harman		Mother's Birthplace		Harford Co	
Name of person giving information				How related to deceased			

		CAUSES OF DEATH	
PHYSICIAN OR CORONER	Primary	Typhoid fever ①	
	Immediate	about a month	
	Are the name, age, sex, color, date and place correctly given above?	Yes	
	Signature of Physician	Thos. C. Bussey	
	Address	Texas	
	Accident or Suicide?	No	
		Md	

Funeral Sunday 9<sup>th</sup>

Poplar Cemetery

W. C. Brooks

Please return ~~present~~

Name  
in  
Full

Benjamin Chew

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Towson</u> Town		County <u>Bullo</u>		MARYLAND	
Date of death	1906	Month <u>Jan</u>	Day <u>5</u>	Age <u>49</u> Years	Months <u>3</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Med</u>		
Occupation <u>?</u>	Where Residing if not at place of death <u>Towson</u>				
<del>Married, Single or Widowed</del>		<del>Name of Wife or Husband</del>			
Father's Name	<u>Charles Ridgely Chew</u>			Father's Birthplace	<u>Med</u>
Mother's Maiden Name	<u>Harriet Green</u>			Mother's Birthplace	<u>Med.</u>
Name of person giving information	<u>Miss Harriet Chew</u>			How related to deceased	<u>Brother</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Albuminuria</u>	How long	<u>2 year</u>
Immediate	<u>Apoplexy</u>	How long	<u>2 1/2 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. Gayles Green M.D.</u>
		Address	<u>Towson Med</u>
Accident or Suicide?			

Stewart & Mowen

215 Park ave Baltimore Md

Greenmount cemetery

Baltimore Md

Name in Full		Joseph Henry Cole Jr.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Arlington		Bald		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1906		Jan	15	Age 18	7	
		Sex		Color or Race		Birthplace		
		Male		White		Baltimore		
		Occupation		Where Residing if not at place of death				
Plumber		Arlington						
Married, Single or Widowed		Name of Wife or Husband						
Single								
Father's Name		Father's Birthplace						
Joseph H Cole Sr.		Baltimore						
Mother's Maiden Name		Mother's Birthplace						
Elizabeth Kelly		Pittsfield						
Name of person giving information		How related to deceased						
Joseph H Cole		Father						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		How long				
		La Grippe		3 months				
		Immediate		How long				
		Tuberculosis & Exhaustion		1 month				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
Yes		Address						
		Accident or Suicide?						

New Cashedale

---



Name  
in  
Full

William Miles Cole

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berwyn</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Jan</i> <small>Month</small>	<i>25</i> <small>Day</small>	Age	<i>8</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Berwyn</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Clarence G. Cole</i>			Father's Birthplace <i>Balto Md</i>		
Mother's Maiden Name <i>Evelia Miles</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Clarence G. Cole</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastro-Enteritis</i>	<i>105</i>	How long <i>2 weeks</i>
Immediate <i>Dxan Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. Payne</i>	
	Address <i>Gorbett</i>	
Accident or Suicide? <i>no</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

*Julius W. Cook*

Died at *Highlandtown* *Baltimore* *MARYLAND*

Date of death *1906 Jan 1* Age *1* Months *9* Days *9*

Sex *Male* Color or Race *White* Birth-place *Baltimore*

Occupation *None* Where Residing if not at place of death *None*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *John G. Cook* Father's Birthplace *Baltimore*

Mother's Maiden Name *Barbara Garhart* Mother's Birthplace *Baltimore*

Name of person giving information *John G. Cook* How related to deceased *Father*

CAUSES OF DEATH

Primary *Congestion Lung* *(45)* How long *2 hours*  
Immediate *Exhaustion* How long *30 minutes*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. L. D. M. M. D.*  
Address *3 and 4 South  
1. St. Ignace Ave.*

Accident or Suicide? *No*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1<sup>st</sup> Evangelical Sem.  
H. Sander Sano

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wash DC</i>		Town <i>Washington</i>		County <i>Baltimore</i>		MAYLAND	
Date of death <i>1906</i>		Month <i>First</i>		Day <i>First</i>		Age <i>about 61 yrs</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth place <i>Ireland</i>			
Occupation <i>housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>John Cooper</i>					
Father's Name <i>Edward Finn</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Ellen Kennedy</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Ella L Cooper</i>		How related to deceased <i>daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	<i>(93)</i>	How long <i>8 days</i>
Immediate <i>Asthma</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William J. Ford</i>	Address <i>Wash DC</i>
Accident or Suicide?		

Martin Haley & Sons

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Inorill Craig</i>		Town <i>Cotuitville Ar</i>		County <i>Bolton</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1906 Jan 13</i>		<i>66</i>		<i>66</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Maryland</i>			
Occupation <i>Orchardman</i>		Where Residing if not at place of death <i>Cotuitville Ar Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Fannie S Craig</i>					
Father's Name <i>_____</i>		Father's Birthplace <i>_____</i>					
Mother's Maiden Name <i>_____</i>		Mother's Birthplace <i>_____</i>					
Name of person giving information <i>Robert Craig</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enlarged prostate gland + constriction of bladder</i>	How long <i>3 months</i>
Immediate <i>Son</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elk Ridge Howard</i>
Accident or Suicide? <i>No</i>	<i>So Md</i>

Place of burial Greenmount  
Cemetery, Baltimore  
Undertaker, Henry W.  
Mears my son.

---



Name

in  
Full

## CERTIFICATE OF DEATH

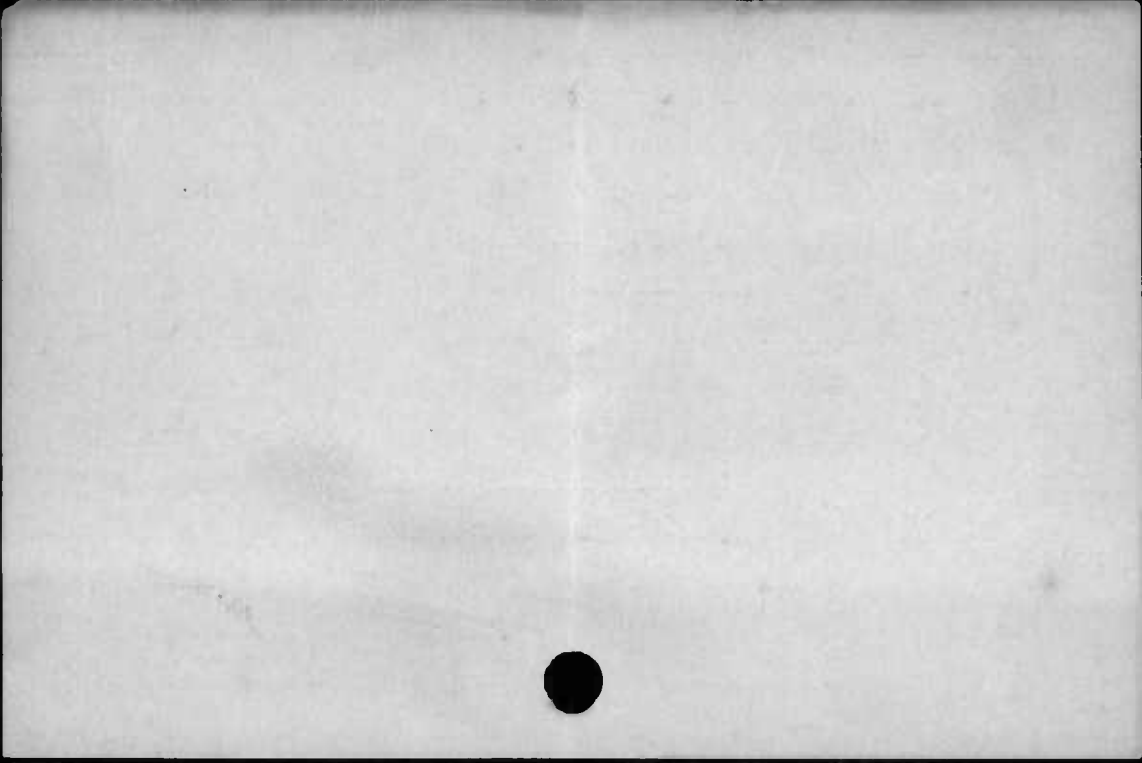
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Wm E Cropper</b>		Town <b>Parrows Point</b>		County <b>Balto</b>		MARYLAND	
Died at		Month <b>1</b>		Day <b>7</b>		Age <b>72</b>	
Date of death <b>1906</b>		Months		Days			
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Maryland</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death					
<del>Married, Single</del> <b>Widowed</b>		Name of Wife or Husband <b>Ma Cropper</b>					
Father's Name <b>Geo Campbell</b>		Father's Birthplace <b>Maryland</b>					
Mother's Maiden Name <b>Don't know</b>		Mother's Birthplace					
Name of person giving information <b>Mrs. W. E. Noble</b>		How related to deceased <b>Granddaughter</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Chronic Bronchitis</b>	How long	<b>Several years</b>
Immediate	<b>Senile Dementia</b>	How long	<b>Week</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<b>yes</b>		<b>W. E. Noble</b>	
		Address	
		<b>Parrows Point</b>	
Accident or Suicide?			



Name  
in  
Full

Lillian R Cumberland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup> <i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death	Month <i>1</i>	Day <i>30</i>	Years <i>3</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Months <i>6</i>	Days
Occupation <i>no</i>	Where Residing if not at place of death <i>624, 8 St.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Charles Cumberland</i>	Father's Birthplace <i>Balto Md</i>		
Mother's Maiden Name <i>Amelia Moot</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Charles Cumberland</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Meningitis</i>	How long <i>24 hours</i>
Immediate <i>Convulsion</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Jac. L. Gruen MD</i>
	Address <i>3 and 1/2 Long</i>
Accident or Suicide? <i>no</i>	<i>Highlandtown, Md</i>

Wt. Carver

Walter Son

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		John Wesley Cummings		Tcwn	
		Died at		Baltimore	
		County		Baltimore	
		MARYLAND			
		Date of death		1906 Jan. 27	
Sex		male		Color or Race	
Occupation		white		Birth-place	
Where Residing if not at place of death		Maryland			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Wm. J. Cummings		Father's Birthplace	
Mother's Maiden Name		Maud Miller		Mother's Birthplace	
Name of person giving information		Wm. J. Cummings		How related to deceased	
Father					
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary		Premature Birth	
		Immediate		Marasmus	
		Are the name, age, sex, color, date and place correctly given above?		yes	
		Signature of Physician		Wm. Lillard Stirling	
		Address		Shaw, Md.	
Accident or Suicide?		✓		Md.	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Robert James Cummings

Died at *St. Agnes Hospital* Town *Baltimore* County

MARYLAND

Date of death *1906* Month *June* Day *29* Age *50* Years Months DaysSex *Male* Color or Race *White* Birth-place *Balto, Md*Occupation *Labore* Where Residing if not at place of death *1007 Hopkins Ave (W)*Married, Single or Widowed Name of Wife or Husband *Catherine Scott*Father's Name *Robert J Cummings* Father's Birthplace *Mdland*Mother's Maiden Name *Catherine Lundy* Mother's Birthplace *..*Name of person giving information *Mrs Haley* How related to deceased *Sister*

## CAUSES OF DEATH

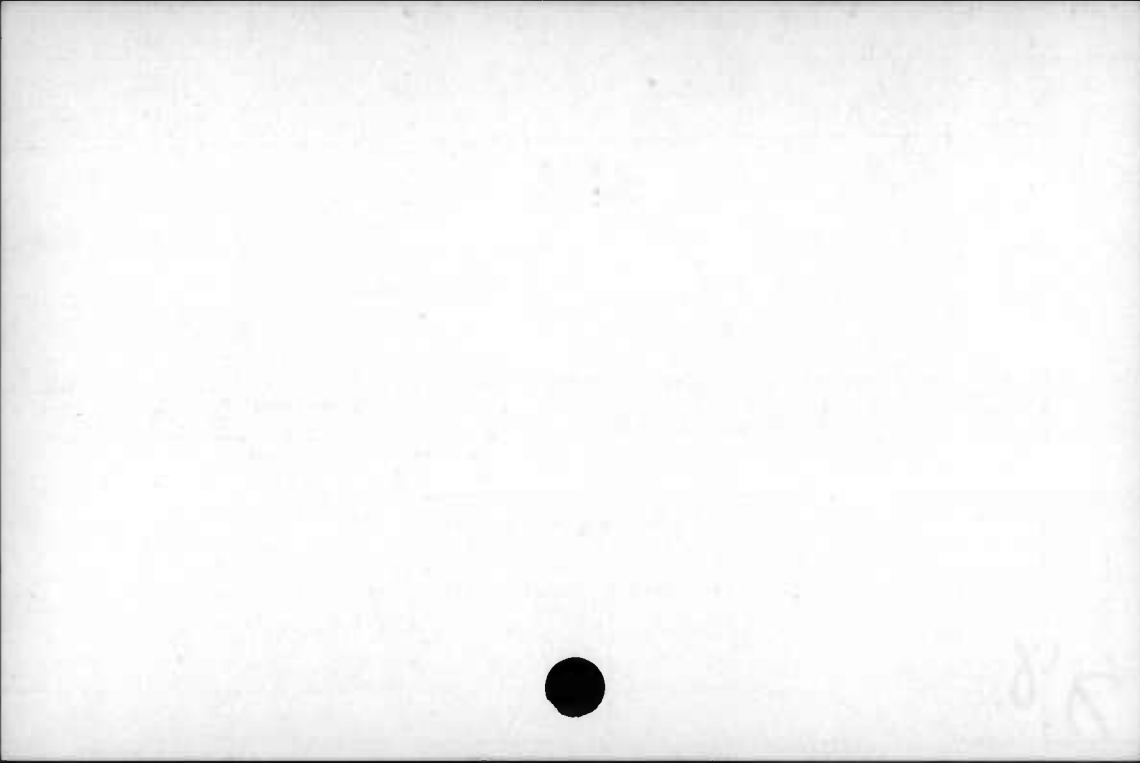
Primary *Pulmonary Tuberculosis* How long *27*Immediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*J W Shaw*  
*St. Agnes Hospital*

Accident or Suicide?





Name  
in  
Full

Mary E Curtis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

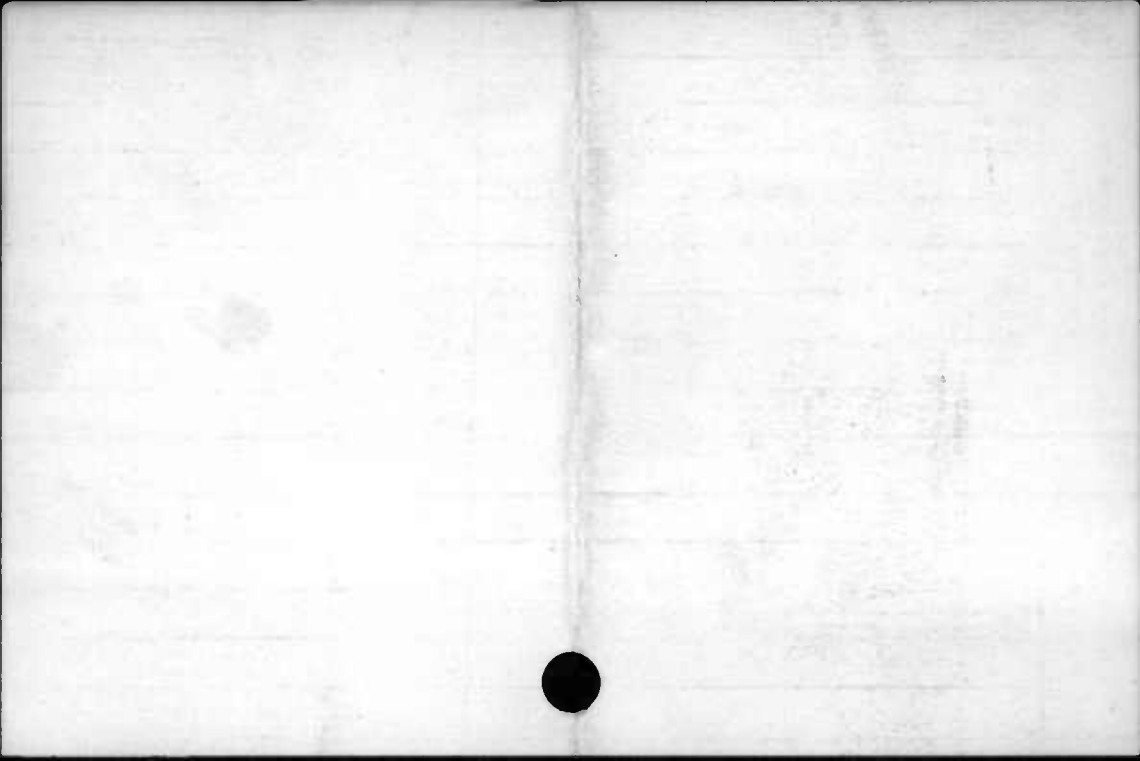
Died at Highville Balt. County

Date of death 1906 Jan 18 Age 55 Months 11 Days 12

Sex female Color or Race colored Birth-place Green AveOccupation housework Where Residing if not at place of death \_\_\_\_\_Married, Single or Widowed married Name of Wife or Husband Henry CurtisFather's Name \_\_\_\_\_ Father's Birthplace \_\_\_\_\_Mother's Maiden Name \_\_\_\_\_ Mother's Birthplace \_\_\_\_\_Name of person giving information Henry Curtis How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Bronchitis (85) How long \_\_\_\_\_  
Immediate Throat hemorrhage How long 10 minAre the name, age, sex, color, date and place correctly given above? yes.Signature of Physician Robt. L. L. L.Address 1111 W. Main St.Accident or Suicide? no



Name  
in  
Full

Elizabeth Fenzel

## CERTIFICATE OF DEATH

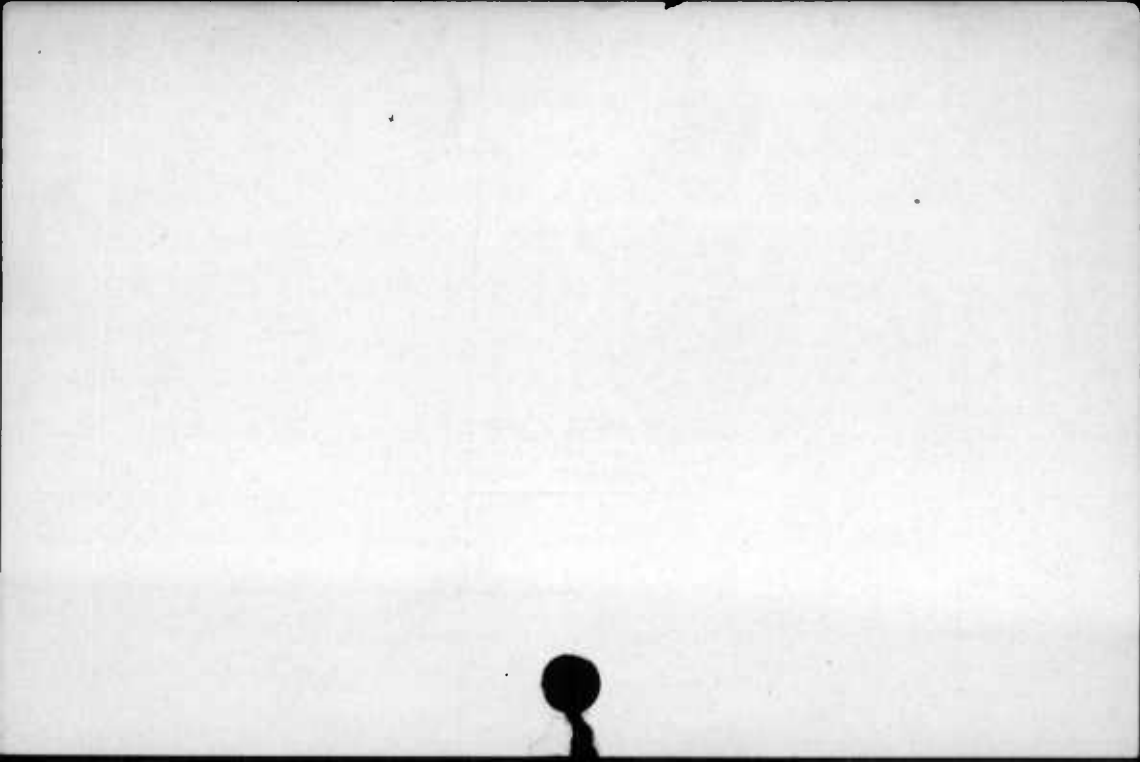
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Mt Hope Retreat		Baltimore					
Date of death	1906	Month	Jan	Day	20	Age	31
						Months	unknown
						Days	unknown
Sex	Female		Color or Race	white		Birth-place	Baltimore Md.
Occupation	Domestic work -			Where Residing if not at place of death			
			1536 Pen. Ave. Baltimore.				
Married, Single - or Widowed	Single		Name of Wife or Husband	Henry Fenzel			
Father's Name	unknown			Father's Birthplace	unknown		
Mother's Maiden Name	"			Mother's Birthplace	"		
Name of person giving information	Reeds Mt Hope			How related to deceased	not at all		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Melancholia (Cerebral Congest)	How long	abt 10 days -
Immediate	Cardiac Paralysis	How long	only few minutes -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Frank J. Flannery	
		Address	
		Mt Hope Retreat	
		Baltimore Co. Md.	
Accident or Suicide?			



Name  
in  
Full

Marie Foehrkoelt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Baldw</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u>	Month	<u>Jan</u>	Day	<u>22</u>
Age		<u>5</u>	Years	Months	<u>3</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>md</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>440 Lough St</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>John Foehrkoelt</u>			Father's Birthplace	<u>md</u>
Mother's Maiden Name	<u>Anna Foehrkoelt</u>			Mother's Birthplace	<u>md</u>
Name of person giving information	<u>John Foehrkoelt</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Natural Causes</u>	How long	<u>—</u>
Immediate	<u>"</u>	How long	<u>179</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Coroner John G. Muelly</u>	
<u>Yes</u>		Address <u>501 N. Clinton St</u>	
Accident or Suicide?		<u>✓</u>	

Sacred Heart Cemetery

Jan 25<sup>th</sup> 1906

Germanus France

Name  
In  
Full

Virginia F. Holst

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		<i>Baltimore</i> County		MARYLAND	
Date of death	1906	Month	<i>Jan</i>	Day	<i>11th</i>
Age		5-8		Years	<i>unknown</i>
Sex		<i>Female</i>		Color or Race	<i>White</i>
Occupation		<i>none</i>		Birthplace	<i>unknown</i>
Where Residing if not at place of death		<i>New York City</i>			
Married, Single or Widowed		<i>Single</i>			
Name of Wife or Husband		<i>unknown</i>			
Father's Name		<i>unknown</i>		Father's Birthplace	<i>unknown</i>
Mother's Maiden Name		<i>"</i>		Mother's Birthplace	<i>"</i>
Name of person giving information		<i>Reed Mt Hope</i>		How related to deceased	<i>not at all</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Terminal Dementia</i>	How long	<i>32 yrs</i>
Immediate	<i>Ex. Tuberculosis</i>	How long	<i>abt one year</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Frank J. Flannery</i>	
Address		<i>Mt Hope Retreat</i>	
Accident or Suicide?		<i>—</i>	
		<i>Mt Hope Md.</i>	





Name  
in  
Full

Amanda A. Freshline

## CERTIFICATE OF DEATH

MARYLAND

Died at

Arondale

County  
Balto

Date

of death 1906

Month

1

Day

9

Age

Years

Months

2

Days

6

Sex

Female

Color or  
Race

White

Birth-  
place

Balto Co.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Andrew Freshline

Father's  
Birthplace

Balto

Mother's  
Maiden Name

Lottie Clark

Mother's  
Birthplace

Balto

Name of person giving  
information

Lewis Hayes

How related  
to deceased

## CAUSES OF DEATH

Primary

Convulsion

How long

one day

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. S. Warner M.D.  
1127 Highland

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

J Herwig & Son  
Mt. Carmel Tenn.  
1/16/06

Name In Full		George Fry				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Keighmontown		Baltimore		MARYLAND	
	Date of death	1906	January	24 <sup>th</sup>	Age	3	9 Months Days
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		808 Eastern Ave. CP	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Henry Fry				Father's Birthplace	Germany
	Mother's Maiden Name	Barbara Litzinger				Mother's Birthplace	Germany
PHYSICIAN OR CORONER	Name of person giving information	Father				How related to deceased	Son
	CAUSES OF DEATH						
	Primary	Inflammation Brain & Lungs				How long	2 days
Immediate	Convulsion				How long	few hours	
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	E. W. Lanney M.D.
	Address	304 Bantel. Exp/				Address	304 Bantel. Exp/
	Accident or Suicide?	No child				Signature of Physician	John W. Lanney M.D.

Oak Lawn Lem.  
J. Herwig & Son

1/26/06

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Phoenix Baltimore County

Date of death 1906 Month 1 Day 26 Age 80 Months — Days —

Sex Female Color or Race White Birthplace Va

Occupation Housewife Where Residing if not at place of death Phoenix

Married Single or Widowed Widow Name of Wife or Husband Thos Gann

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information Walter Barrett How related to deceased Not related

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumonia (93) How long 4 days

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician L. O. Barrett

Address Phoenix

Accident or Suicide? —

Funeral at Poplar Cemetery  
Jan 28

W. C. Brooks

Name  
in  
Full

Thos. C. Gardiner

## CERTIFICATE OF DEATH

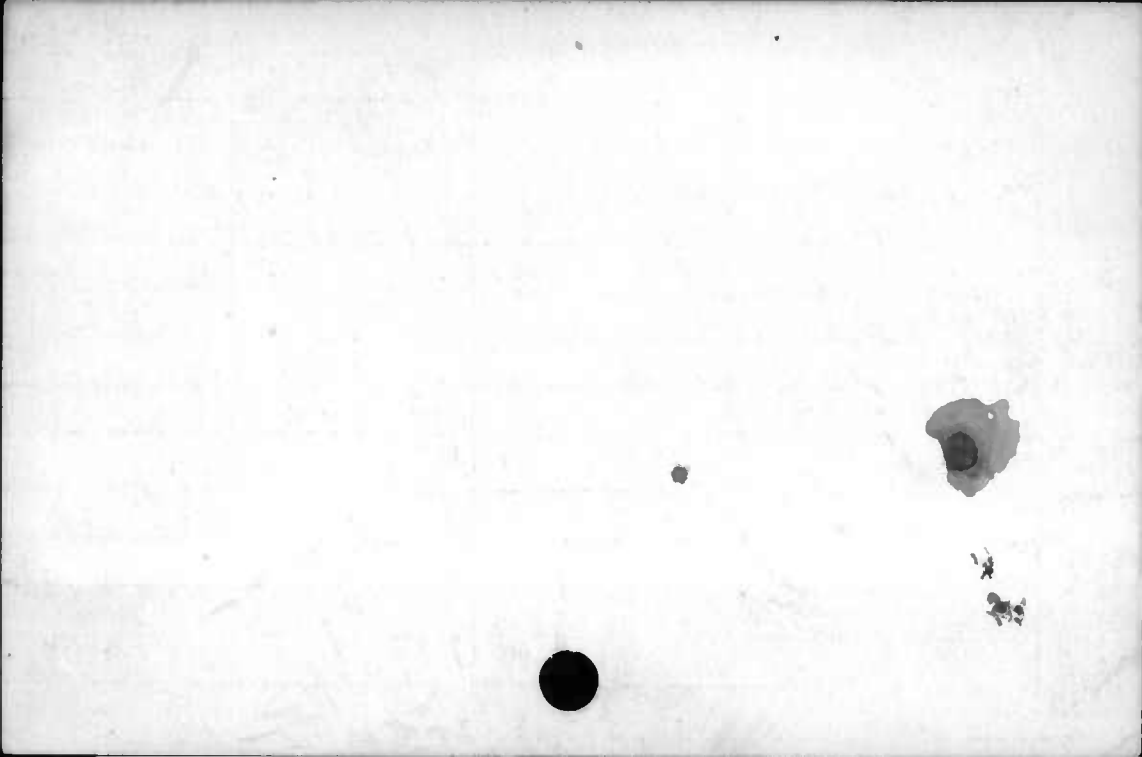
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pikisville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>1</i>	Day <i>8</i>	Age <i>82</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Butcher</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>St. St. Matthews</i>		How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular heart disease</i>	How long <i>several years</i>
Immediate <i>heart failure</i>	How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. E. M.</i>
	Address <i>Pikesville Md.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Annie E. Gebhardt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>Jan</i> <sup>Month</sup>	<i>21</i> <sup>Day</sup>	Age <i>one</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Gebhardt</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Katie Hammer</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Katie Gebhardt</i>	<i>92</i>			How related to deceased <i>Mother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Geo. L. Gray, M.D.</i>
	Address <i>3 And South Highlandtown Md</i>
Accident or Suicide? <i>No</i>	

Oak Lawn Cemetery

Jan. 23<sup>rd</sup> 1906

Germanus Franke

Undated

Name  
in  
Full

Eveline Constantia Glenn

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Govanstown		County Baltimore		MARYLAND	
Date of death	1906	Month Jan'y	8 <sup>th</sup>	Day Monday	Age	58	Months 2
Sex Female		Color or Race White		Birth-place New Jersey		Days 8	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		William Glenn	
Father's Name		David S. Blackman				Father's Birthplace New Jersey	
Mother's Maiden Name		Abigail B. Doughty				Mother's Birthplace New Jersey	
Name of person giving information		William Glenn				How related to deceased Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	1 year
Immediate	Exhaustion	How long	-
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		H. H. Boone	
Address		St. N. B. Baltimore	
Accident or Suicide?			

H. M. Jenkins & sons co

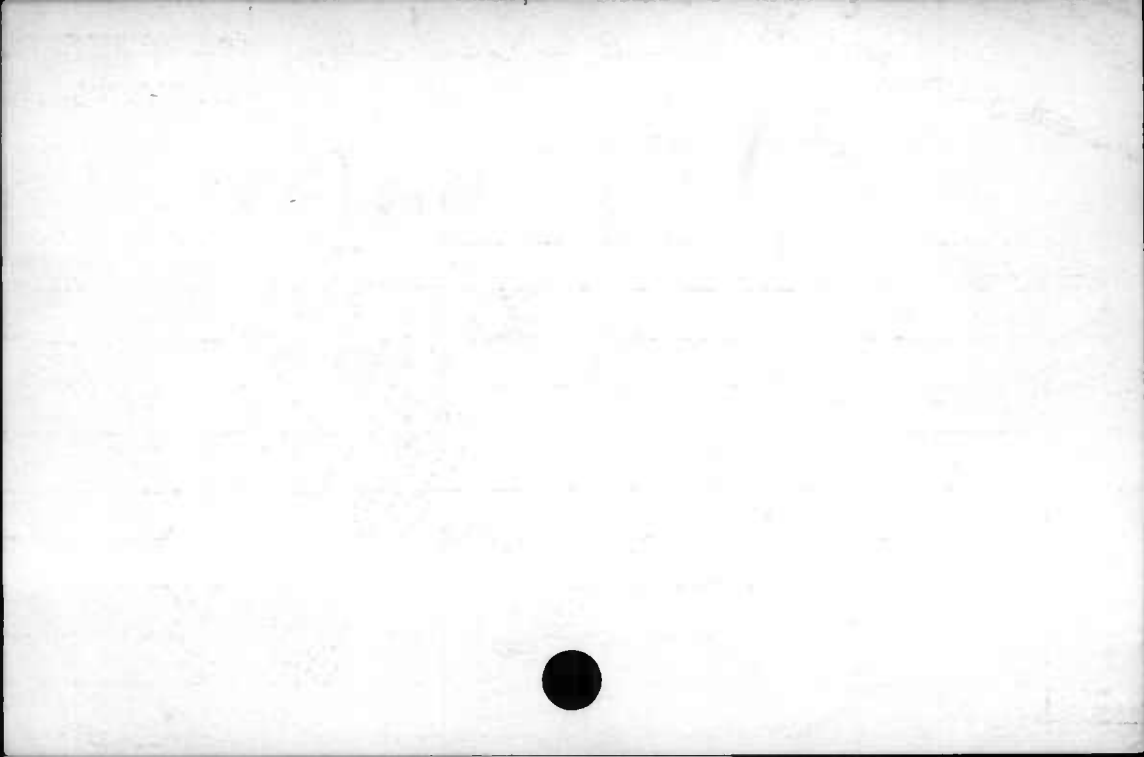
Richmond Va

Name in Full		Edith Laida Grace.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Gorham		County Baldwin		STATE MARYLAND
	Date of death		1906	Month Jan	Day 9th	Age 26	Months 9
	Sex		Female		Color or Race White		Birth-place New York
	Occupation		Housewife		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband J. Harry Grace.		
	Father's Name		John J. Woodruff		Father's Birthplace New York		
	Mother's Maiden Name		Laida C. Tracy		Mother's Birthplace New York		
Name of person giving information		J. Harry Grace		(19)		How related to deceased Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Acute Nephritis of Pyelonephritis			How long 3 wks.	
	Immediate		Cerebral Anemia - Edema of Lungs			How long 2 or 4 days.	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Geo. H. Hocking		
					Address Sta 101 Baldwin Md.		
Accident or Suicide?							

Undertaker John A. Haiger  
223 S. Broadway  
Balto. Md

Place of burial London Park Cemetery

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Catonsville</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		<b>MARYLAND</b>	
	Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>31</u>	Age <u>61</u>	Months <u>—</u> Days <u>—</u>	
	Sex <u>female</u>	Color or Race <u>Colored</u>		Birth-place <u>Md.</u>		
	Occupation <u>Cook</u>		Where Residing if not at place of death <u>Catonsville</u>			
	Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>—</u>				
	Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
	Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Annie Snowden</u>		How related to deceased <u>none</u>				
<b>CAUSES OF DEATH</b>						
PHYSICIAN OR CORONER	Primary <u>Left- Lobar Pneumonia</u>			How long <u>3 days</u>		
	Immediate <u>Cardiac failure</u>			How long <u>1 hour</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of Physician <u>Marshall B. West</u>		
				Address <u>Catonsville Md.</u>		
Accident or Suicide? <u>✓</u>						





Name in Full		Chas F Gensee				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rosedale	Town	Sauk	County	MARYLAND	
	Date of death	1906	Month	June	Day	16	Age
					Years	Months	10
	Sex	male	Color or Race	white	Birth-place	Balt-C	
	Occupation	none	Where Residing if not at place of death				
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Frank Gensee			Father's Birthplace	Balt-C	
Mother's Maiden Name	Anna Berk			Mother's Birthplace	" "		
Name of person giving information	Frank Gensee			How related to deceased	father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	mal nutrition			How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Wm D Rose	
					Address	Gardenville Md	
	Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
Rev. Heinrich Syr.		MARYLAND			
Died at		Town		County	
Hamilton		Baltimore			
Date of death		Month	Day	Age	Years
1906		6	7	74	7
Sex		Color or Race		Birth-place	
Male		W.		Switzerland	
Occupation		Where Residing if not at place of death			
Minister					
Married, Single or Widowed		Name of Wife or Husband			
Married		Marie Syr.			
Father's Name		Father's Birthplace		Mother's Birthplace	
Jacob. Syr.		Switzerland		"	
Mother's Maiden Name		Elizabeth		How related to deceased	
Name of person giving information		Mrs Marie Syr.		Wife	
CAUSES OF DEATH					
Primary		Spinal		How long	
Immediate		Apoplexy		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		6 months	
Signature of Physician		Walter H. Vinal.			
Address		Hamilton, Md.			
Accident or Suicide?					

Philip Sewald & Son  
Pastor Canrad's Cemetery  
on Trap Road

Name in Full		Agusta Haberkorn				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died	Town Irish Rd Mt Mans		County Baltimore		MARYLAND		
	Date of death	1906	Month June	Day 20	Years 45	Months 2	Days 21	
	Sex	female		Color or Race	white		Birth-place	Germany
	Occupation	Housewife			Where Residing If not at place of death			—
	Married, Single or Widowed	Married		Name of Wife or Husband				Richard Haberkorn
	Father's Name	Andrew Hubner				Father's Birthplace	Germany	
	Mother's Maiden Name	—				Mother's Birthplace	Germany	
Name of person giving information	Richard Haberkorn				How related to deceased	husband		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Asthma, cardiac			How long	1 wk		
	Immediate	Heart disease			How long	—		
	Are the name, age, sex, color, date and place correctly given above?	yes			Signature of Physician	Geo. S. M. Kieffer		
					Address	Monell Pk		
					Baltimore Md			
Accident or Suicide?								

H. Knell

Mr Olivet-

Name  
in  
Full

Frances A. Barker

## CERTIFICATE OF DEATH

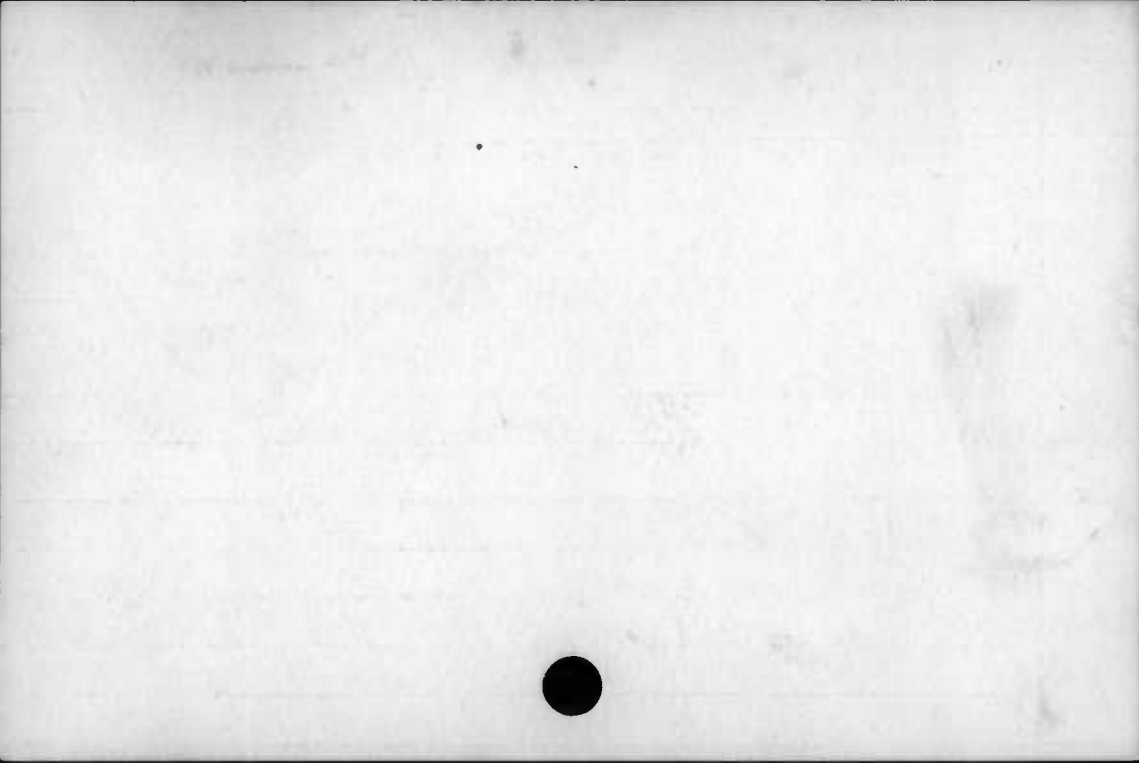
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Parkville</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>1</i>	Day <i>12</i>	Age <i>78</i>	Months	Days
Sex <i>Female</i>	Color or Race		Birth-place <i>Maryland</i>		
<del>Married</del> <i>Single</i> <del>Widowed</del>		Occupation <i>House wife</i>			
Name of Wife or Husband <i>Jackson Barker</i>					
Father's Name <i>John Gladson</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Rebecke Gladson</i>			Mother's Birthplace		
Name of person giving information <i>John C. Barker</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>154</i>
Immediate <i>Adynamia</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Wm T. S. Whiteford</i>
	Address <i>Parkville, Md.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Lorotha Elizabeth Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

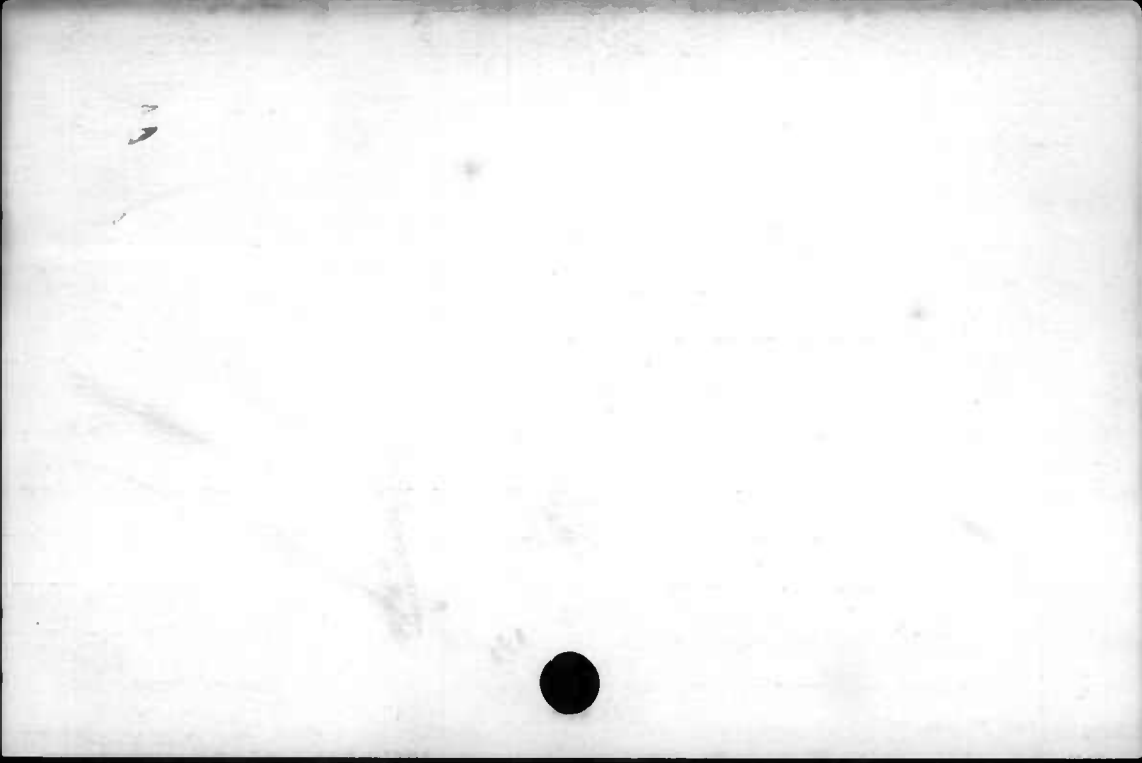
MARYLAND

Died at <u>Catonsville</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>			
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>26</u>	Age <u>1</u> <sup>Years</sup>	Months <u>2</u>	Days <u>—</u>
Sex <u>female</u>		Color or Race <u>Colored</u>		Birth place <u>Catonsville</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>Catonsville</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Daniel Harris</u>			Father's Birthplace <u>Balto Co</u>		
Mother's Maiden Name <u>Mary Forsett</u>			Mother's Birthplace <u>Mo</u>		
Name of person giving information <u>Daniel Harris</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pertussis</u>	How long <u>2 mos</u>
Immediate <u>Pneumonia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Marshall B West.</u>
	Address <u>Catonsville Md.</u>
Accident or Suicide? <u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDKatharine Clara Hourratty,  
Died at <sup>Town</sup> Highlandtown, <sup>County</sup> Balto., Co.,

MARYLAND

Date of death 1906 Jan. 29 Age one year Months 18 Days

Sex Female. Color or Race White Birth-place Highlandtown,

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name Thomas Hourratty,

Father's Birthplace Richmond Co.

Mother's Maiden Name Maigda Denzio,

Mother's Birthplace Balto. Md.

Name of person giving information Thomas Hourratty

How related to deceased Father,

## CAUSES OF DEATH

92

Primary Capillary Pneumonia How long 4 days.

Immediate Hypostatic Congestion, with Cardiac symptoms How long 2 1/2 hrs.

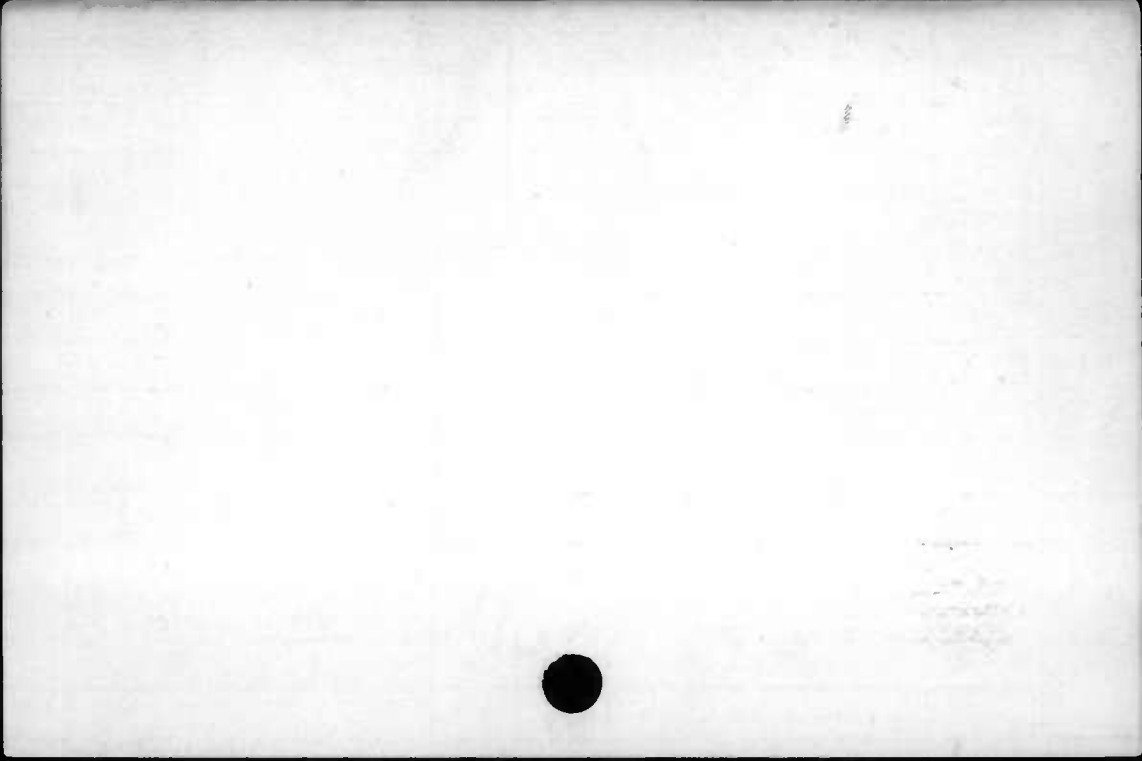
Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician J. H. McClanahan, M.D.

Address 418 N. Clinton St.

Accident or Suicide? \_\_\_\_\_

Highlandtown



Name in Full

Certificate of Death

Died at

Date 19

Male

~~Female~~~~Husband~~~~Wife~~~~Father's~~~~Name~~

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

George W. Hedrick

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

04

1. 20

Age

68. 2. 6

Penn

Farmer

White

Married

~~Widow~~~~Divorced~~~~Colored~~

Single

~~Widower~~

Number of children living

4

Husband of

~~Wife~~~~Father's~~~~Name~~

Mother's

Maiden Name

Primary

Immediate

Reported by

Address

How long sick

~~Accident, Suicide, Homicide~~

E. R. Albangh.

Sun Rock, R. F. D. #1



in  
Full

## CERTIFICATE OF DEATH

John Wm. Lee Heinbuck

Town

County

Died at Gardenville

Balto

MARYLAND

Date of death 1906

Month 1

Day 25

Age

Years 3

Months 4

Days 6

Sex

Male

Color or  
Race

White

Birth-  
place

Gardenville Balto. Co.

Occupation

Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Wm. A. Heinbuck

Father's  
Birthplace

Balto. City

Mother's  
Maiden Name

Sula E. Clayton

Mother's  
Birthplace

Balto. Co.

Name of person giving  
Information

Wm. A. Heinbuck

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Double lobar pneumonia

How long

33 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Edwin B. Ferry, M.D.

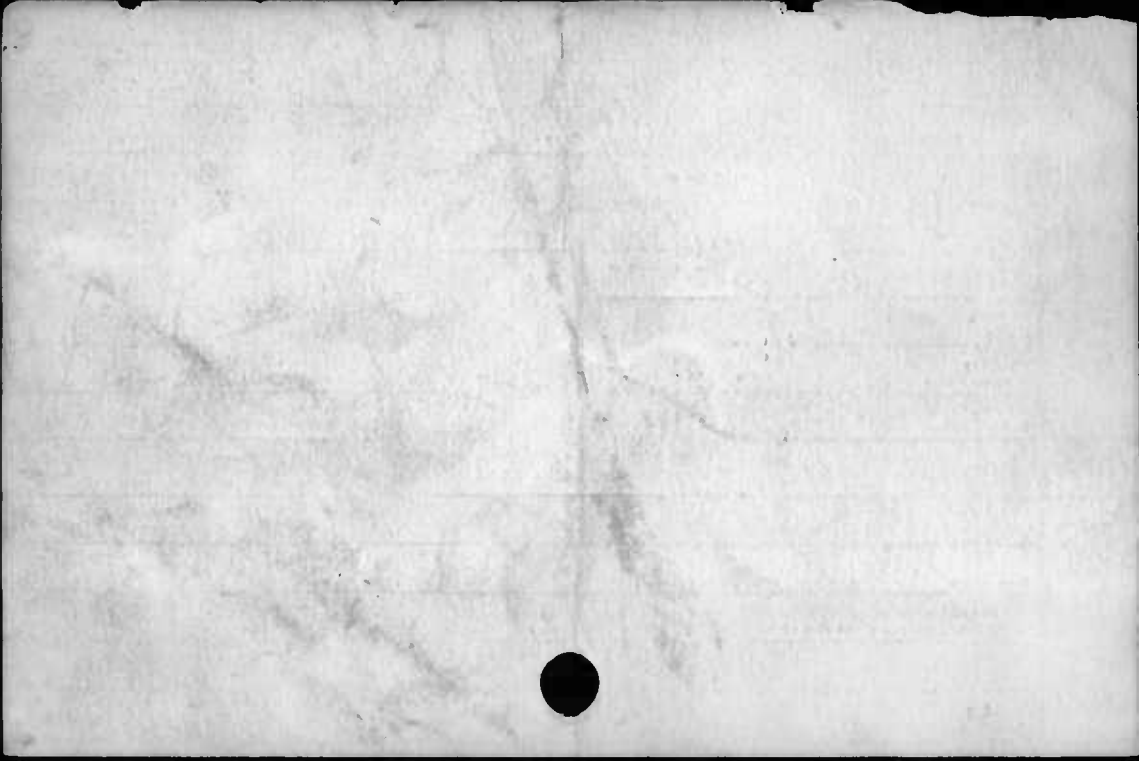
Address

1219 N. Caroline St.  
Baltimore Md.

Accident or Suicide?

No.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Still Born of Char. & Minnie Henneman

CERTIFICATE OF DEATH

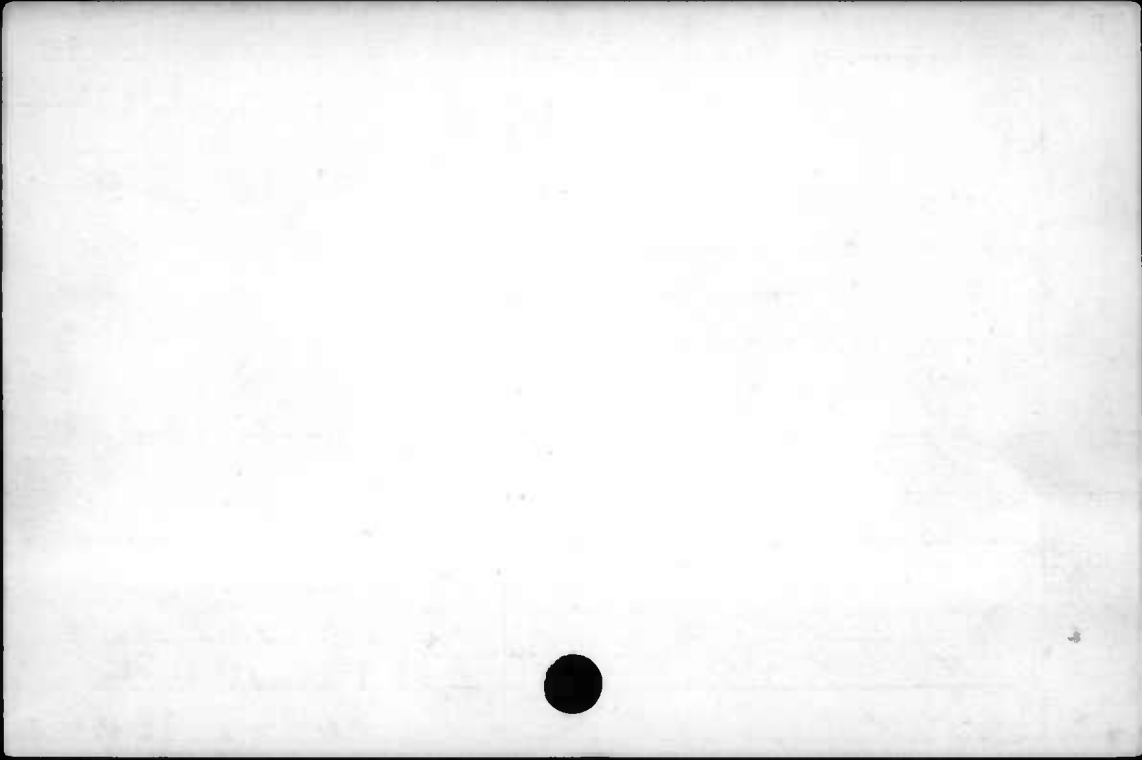
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Morrell Park</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan.</i>	Day <i>23</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>White</i>		Color or Race <i>American</i>		Birth-place <i>Morrell Park</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
<del>Marrying</del> <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Henneman</i>			Father's Birthplace <i>Balto. Md.</i>		
Mother's Maiden Name <i>Minnie A. Reiter</i>			Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Charles Henneman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>True Knot in cord.</i>	How long? <i>—</i>
Immediate	<i>Still Born</i>	How long? <i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. O. Glavin</i>
		Address <i>117 W. 11th St.</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Nannie Lloyd Stoff</i>		Town <i>Towson</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Towson</i>		Month <i>June</i>		Day <i>eight</i>		Age <i>53</i>	
Date of death <i>1906</i>		Months <i>5</i>		Days <i>3</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Dorchester Co. Md.</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm. R. Hoff</i>					
Father's Name <i>Wm. J. Goldsborough</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Ellen Lloyd</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Sullivan J. Pitts</i>		How related to deceased <i>Brother in law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Ovaries</i>		How long <i>47</i>		How long <i>4 months</i>	
Immediate					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. Thomas Byrnes</i>			
		Address <i>3 N. Franklin St. Baltimore, Md.</i>			
Accident or Suicide? <i>—</i>					

Henry W. Jenkins Sons Co.  
Greenmount and Balto Md.

Mrs Bessie Huss

Shepherd Town Prince Georges County

Died at Town

Balto

MARYLAND

Date 1906	Month Jan	Day 5	Age 42	Y.	M.	D.	Native of Russia	Occupation Housewife
Male	White	Married	Widow	<del>Divorced</del>		Number of children living 7		
Female	<del>Colored</del>	<del>Single</del>	Widower					

Husband of Maurice Huss

Wife	Father's Name	Mother's Maiden Name
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Cause of Death	Primary Delirium - Toxic	(119)	How long sick In Hosp Since 12/17-05
	Immediate Acute Nephritis		<del>Accident, Suicide, Homicide</del>

Reported by E. W. Dunt

Address Shepherd Town Prince Georges County Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Max Svensson

1138 Low St

Baltimore

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Burial

Philadelphia Road

Rosedale

Name  
in  
Full

Henrietta Jackson

## CERTIFICATE OF DEATH

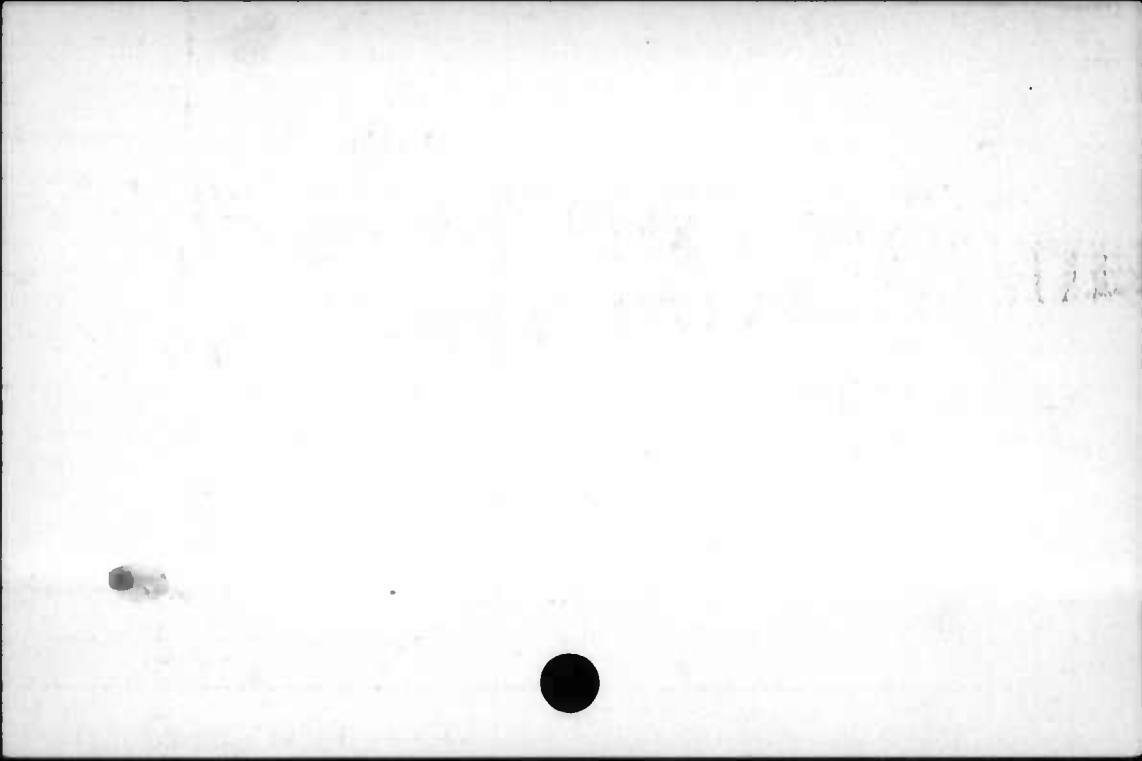
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Glencoe		County Baltimore		MARYLAND	
Date of death 1906	Month Jan	Day 5	Age	Years 1	Months 1	Days 25	
Sex Female	Color or Race Colored		Birth- place Glencoe Md.				
Married, Single or Widowed Single			Occupation —				
Name of Wife or Husband							
Father's Name Victor Jackson				Father's Birthplace Paoli, Co.			
Mother's Maiden Name Susan Venie				Mother's Birthplace Va			
Name of person giving In formation Victor Jackson				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Abscess	How long	Two weeks
Immediate	Suffocation	How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. R. Mitchell
		Address	Mount Airy, Md.
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Canton

Baltimore

Date

of death 1906

Month

Jan.

Day

2

Age

Years

3

Months

1

Days

13

Sex

Male

Color or  
Race

White

Birth-  
place

Baltimore

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Charles Jefferson

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Alice Benson

Mother's  
Birthplace

Md.

Name of person giving  
Information

Charles Jefferson

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Paralysis

(60)

How long

7 weeks

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

O. L. Long

Address

2429 Fairview Ave.

Accident or Suicide?

Baltimore

H. Sander by some

W. Carmel

Name  
in  
Full

## CERTIFICATE OF DEATH

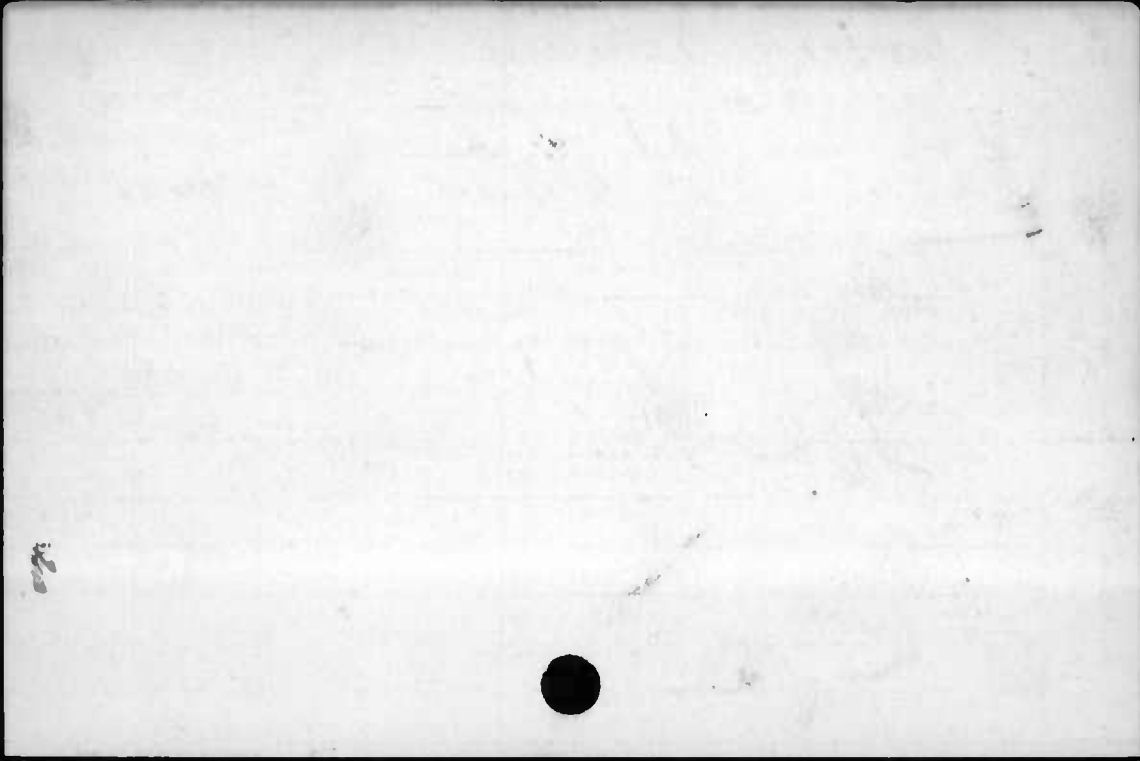
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Charles Johnson</i>		Town <i>Glyndon</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Glyndon</i>		Month <i>Jan</i>		Day <i>22</i>		Age <i>2</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>19</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Balto co Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James H Johnson</i>		Father's Birthplace <i>Lhas co Md</i>					
Mother's Maiden Name <i>Maggie Thompson</i>		Mother's Birthplace <i>Balto City</i>					
Name of person giving information <i>Maggie Johnson</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral</i>	How long <i>8</i>
Immediate <i>Capillary Bronchitis</i>	How long <i>Four months prior work</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. R. R. R. R. R.</i>
	Address <i>Glyndon, Md</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Leatonsville</u> <sup>Town</sup>		<u>Pratts</u> <sup>County</sup>			
Date of death <u>1906</u>	<u>Jan</u> <sup>Month</sup>	<u>18</u> <sup>Day</sup>	Age <u>66</u> <sup>Years</sup>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>X</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>X</u>			
Father's Name <u>X</u>			Father's Birthplace		
Mother's Maiden Name <u>X</u>			Mother's Birthplace		
Name of person giving information <u>X</u>			How related to deceased		

120

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Dementia</u>	How long <u>26 yrs.</u>
Immediate <u>Chronic Bright Disease</u>	How long <u>6 mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Y</u>	Signature of Physician <u>Dr. Wade</u>
	Address <u>Leatonsville, Md</u>
Accident or Suicide? <u>No.</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mr. B. Judd</i>		Town <i>Sauraville</i>		County <i>Baltr.</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>17</i>		Years <i>24</i>	
Date of death <i>1906</i>		Months <i>1</i>		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltr. Md</i>			
Occupation <i>Bookkeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Mr. L. Judd</i>		Father's Birthplace <i>Ma</i>					
Mother's Maiden Name <i>Annie B. Harrison</i>		Mother's Birthplace <i>N. Y.</i>					
Name of person giving information <i>Alice Judd</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Laryngeal Phthisis.</i>	How long <i>3 mos</i>
Immediate <i>" " Asthenia</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm B. McDonald M.D.</i>
	Address <i>1305- Linden Ave.</i>
Accident or Suicide? <i>No</i>	<i>✓</i>

Dr. M. Donald  
1305 Linden Ave



Name  
in  
Full

CERTIFICATE OF DEATH

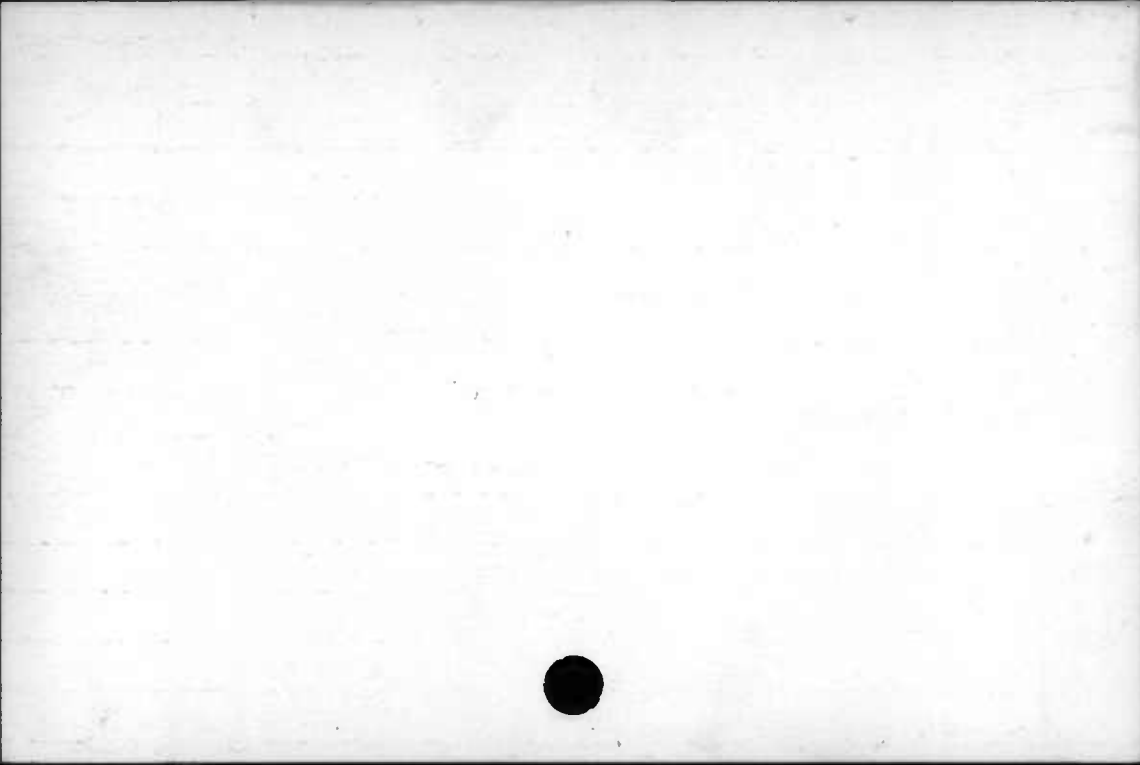
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Josephine Kern</i>		Town <i>Rossmeade</i>		County <i>Beale</i>		MARYLAND	
Died at <i>Rossmeade</i>		Month <i>Jan</i>		Day <i>2</i>		Age <i>68</i>	
Date of death <i>1906</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Henry Kern</i>					
Father's Name <i>—</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Fanny L. Scheibin</i>		How related to deceased <i>No relation</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral apoplexy</i>	How long	<i>6 weeks</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Villars</i>	
		Address <i>Rossmeade Md</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

Florence E

Kilchenstein

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Camden* *Millton*<sup>County</sup> *Baltimore*

MARYLAND

Date of death 190 <sup>Month</sup> *6* <sup>Day</sup> *Jan.* *24*Age <sup>Years</sup> *19*Months *5*

Days

Sex *Female*Color or  
Race*white*Birth-  
place*Maryland*~~Married~~ Single  
~~or Widowed~~

Occupation

Name of Wife or  
HusbandFather's  
Name*Aug Kilchenstein*Father's  
Birthplace*Ind*Mother's  
Maiden Name*Catharina Christopher*Mother's  
Birthplace*Ind*Name of person giving  
In formation*Aug Kilchenstein*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Pulmonary Phthisis**(27)*

How long

*about 2 years.*

Immediate

*General Debility*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*Lingard Whitford*

Address

*Fullerton, Md.*PHYSICIAN  
OR CORONER*To best of my knowledge*

Accident or Suicide?



Name in Full		Elizabeth Kuntz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Herbville		County	
				Dalls		MARYLAND	
		Date of death		1906 Jan		Day 25	
		Month		Jan		Years 89	
		Sex		Female		Color or Race White	
		Occupation		House		Birth-place Germany	
		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Jacob Kuntz	
Father's Name		Charles Swan		Father's Birthplace		Germany	
Mother's Maiden Name		Emma Swan		Mother's Birthplace		Germany	
Name of person giving information		Conrad Kuntz		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Old Age		How long	
						6 months	
		Immediate		Infirmitate of age		How long	
						1 month	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Address		Woodlawn St. Md	
Accident or Suicide?		—					



Name in Full		Walburger Linder				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Highlandtown		Baltimore			
Date of death		Month	Day	Age	Years	Months	Days
1906		1	13		61		
Sex		Female		Color or Race		White	
Occupation		Housewife		Where Residing if not at place of death		Germany	
Married, Single or Widowed		Married		Name of Wife or Husband		Mathias Linder	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		—		Mother's Birthplace		—	
Name of person giving information		Mathias Linder		How related to deceased		Husband	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
Primary		Pulmonary Tuberculosis				How long	
						1 1/2 yrs.	
Immediate		Hemorrhage				How long	
						5 minutes	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. A. Glantz M.D.	
				Address		41 Eastern Ave. E.	
Accident or Suicide?		✓					

Sacred Heart Cemetery

Jan. 16<sup>th</sup> 1906

Germanus France

Undersigned



Name  
in  
Full

## CERTIFICATE OF DEATH

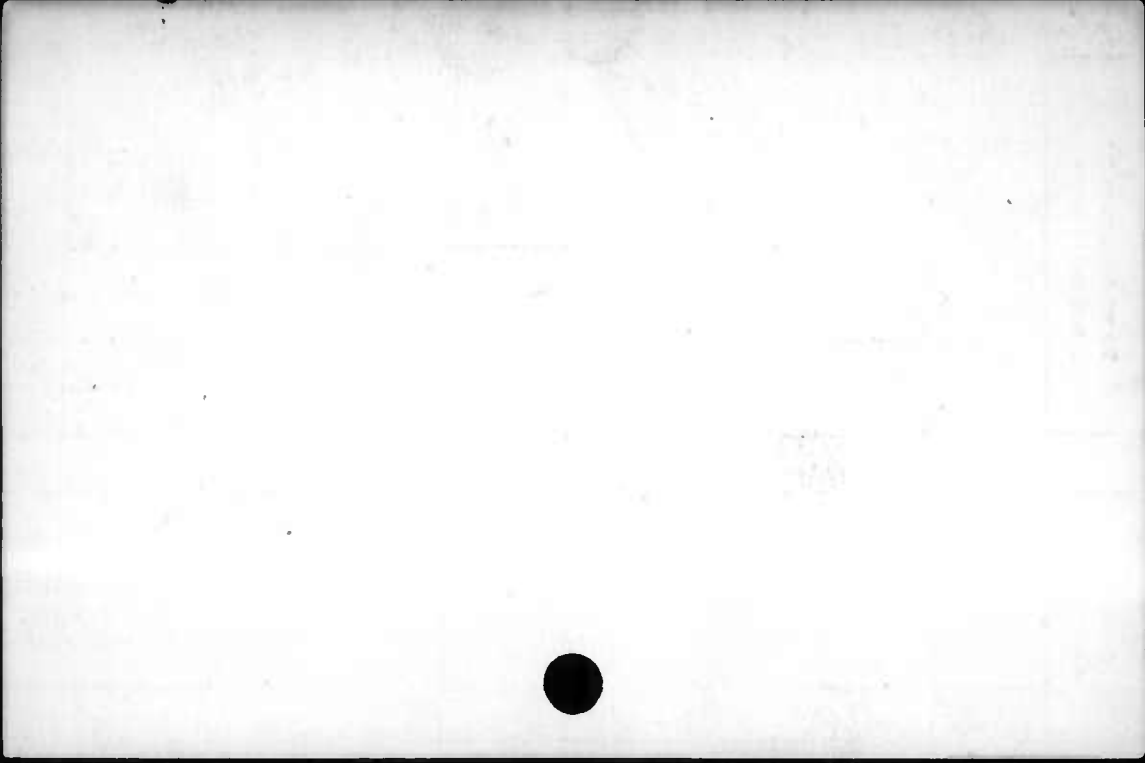
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town <i>Lauraville</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan'y</i>	Day <i>27</i>	Age <i>55 yrs</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth- place <i>Germany</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Lauraville</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>Not Known</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Mrs Chas Schuch</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	<i>154</i>
Immediate	<i>Asthma, Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Thos. D. Corcoran M.D.</i>	
Address		<i>Gardenville, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Bridget Logan</b>		Town <b>Texas</b>		County <b>Baltimore</b>		State <b>MARYLAND</b>	
Died at <b>Texas</b>		Date of death <b>1906 Jan 9</b>		Age <b>about 78</b>		Months <b>—</b>	
Sex <b>Female</b>		Color or Race <b>white</b>		Birthplace <b>Ireland</b>		Days <b>—</b>	
Occupation <b>Domestic</b>		Where Residing if not at place of death <b>Texas Md.</b>					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Michael Logan</b>		Father's Birthplace <b>Ireland</b>					
Mother's Maiden Name <b>Mrs M. Cornick</b>		Mother's Birthplace <b>Ireland</b>					
Name of person giving information <b>Andrew J. Keough</b>		How related to deceased <b>Cousin</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

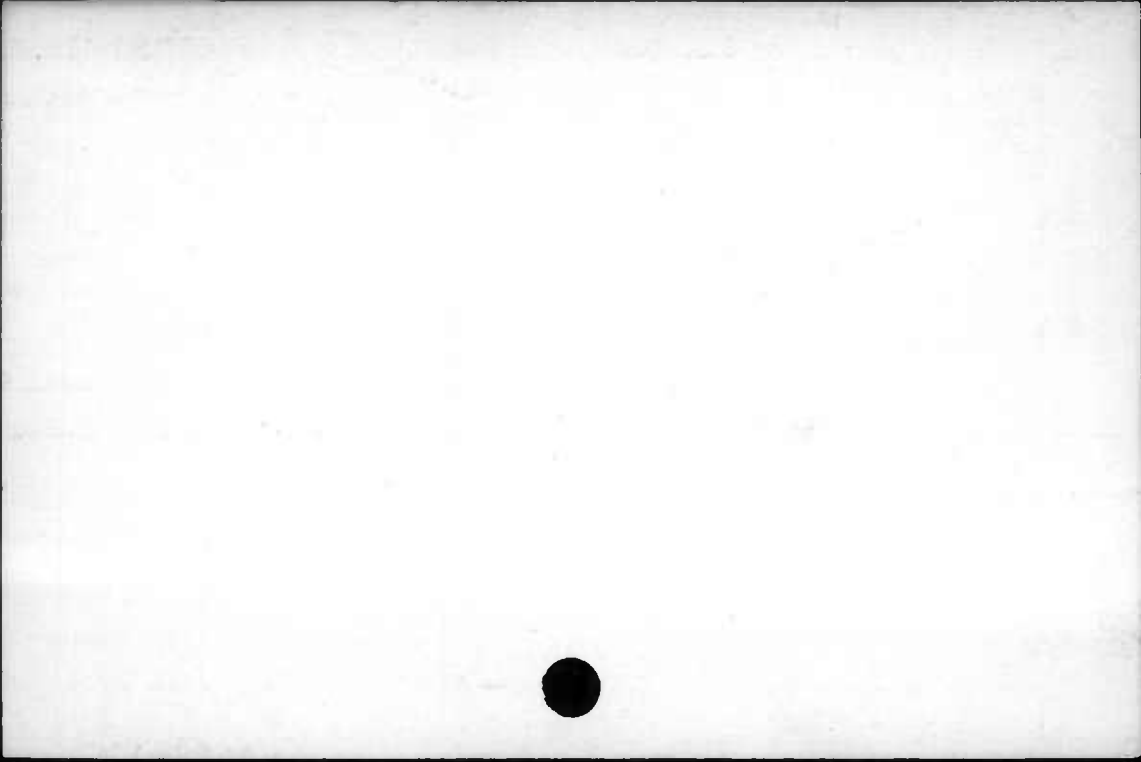
Primary <b>Coronary Disease</b>	How long <b>Sudden</b>
Immediate <b>—</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>J. E. Burrey M.D.</b>
	Address <b>Texas Md.</b>
Accident or Suicide? <b>—</b>	

St Joseph Cemetery  
Texas

Jan 11/06

H.C. Windfield

Name in Full		Susan B Long				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Reisterstown</u>		County <u>Baltimore</u>		MARYLAND			
		Date of death	1906	Month	Jan	Day	26	Age	78
		Sex	Female		Color or Race	white		Birth-place	Harford Co. Md.
		Occupation	House wife		Where Residing if not at place of death				
		Married, Single or Widowed	widow		Name of Wife or Husband	Samuel J Long			
		Father's Name	Chas Amos		Father's Birthplace	England			
		Mother's Maiden Name	Elizabeth Mallet		Mother's Birthplace	Harford Co. Md.			
Name of person giving information		Alice Grafton		How related to deceased		Daughter			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Pulmonary Tuberculosis		How long		4 or 5 yrs	
		Immediate		Exhaustion		How long		1 wk	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J M Slade			
				Address		Reisterstown Md.			
		Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

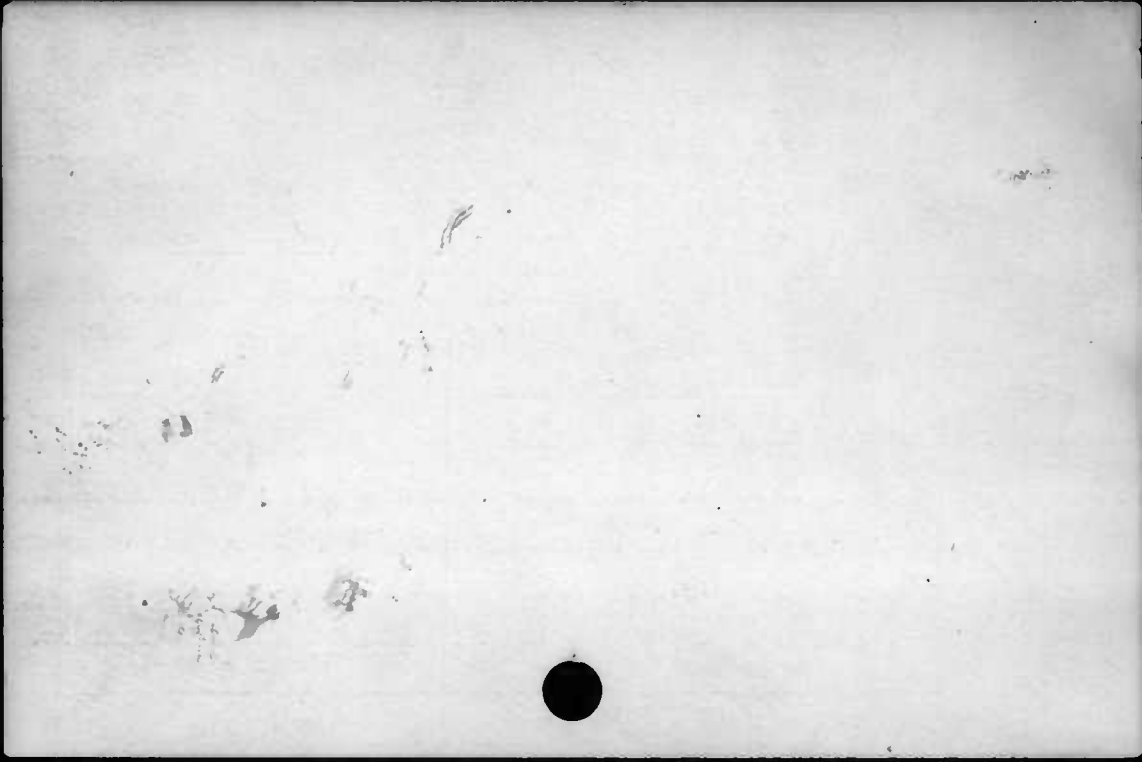
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>New Freedom</i> <sup>Town</sup>			<i>York</i> <sup>County</sup>			<i>PR</i> MARYLAND	
Date of death 190 6	Month <i>Jan.</i>	Day <i>24</i>	Age <i>73</i>	Years <i>71</i>	Months <i>8</i>	Days <i>24</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Hoffmannville</i>			
Married, Single or Widowed <i>Widowed</i>			Occupation				
Name of Wife or Husband							
Father's Name <i>Henry Hoffman</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>Lizzie Thayer</i>				Mother's Birthplace <i>unknown</i>			
Name of person giving In formation <i>Frederic R. Taylor</i>				How related to deceased <i>daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>5 wks.</i>
Immediate <i>Droopy fr. heart failure</i>	How long <i>3 wks.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. L. Lutz</i>
	Address <i>Glen Rock Pa.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Agnes Lynch</i>		Town <i>mt Hope</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>mt Hope</i>		Month <i>Jan</i>		Day <i>24</i>		Years <i>Age</i>	
Date of death <i>1906</i>		Month <i>Jan</i>		Day <i>24</i>		Years <i>Age</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Pa-</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Irwin Pa-</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Reck, mt Hope</i>		How related to deceased <i>not at all</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause <i>Cerebral Lesion - Delusional Mania</i>		How long <i>7 or 8 yrs</i>
Immediate Cause <i>Ex. Hemiplegia</i>		How long <i>abt one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. Flannery</i>
		Address <i>mt Hope Retical</i>
		<i>Baltimore Md.</i>
Accident or Suicide? <i>Accident</i>		



Name  
in  
Full

Michael H. Lynch

## CERTIFICATE OF DEATH

MARYLAND

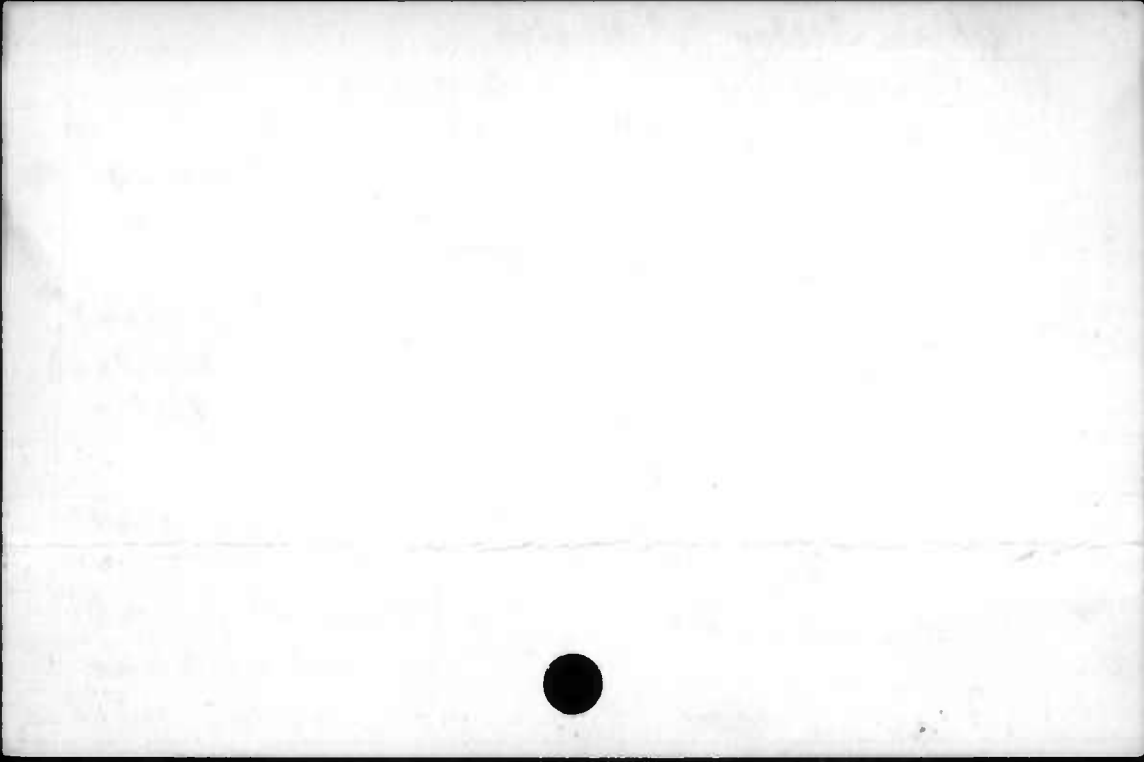
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Baldwin		County Baltimore			
Date of death	1906	Month Jan	Day 26	Age 62	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Ireland
Occupation	Farmer		Where Residing if not at place of death		Baltimore, Md.		
Married, Single or Widowed	Married		Name of Wife or Husband	Ella Kelly (nee Lynch)			
Father's Name	John Lynch				Father's Birthplace	Ireland	
Mother's Maiden Name	Margaret McManis				Mother's Birthplace	Ireland	
Name of person giving Information	Ella Lynch				How related to deceased	Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary			How long	about 3 yrs.
Immediate	Paralysis		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. G. Walker Undertaker
			Address	Pleasantville
Accident or Suicide?				Md.



Name  
in  
Full

William Hector McAllister

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Brooklandville		County Baltimore		MARYLAND	
Date of death 1906	Month January	Day 30 <sup>th</sup>	Age 58	Months 11	Days 14
Sex Male	Color or Race White		Birth-place Connecticut. 1856.		
Married, Single or Widowed Married		Occupation Clergyman. (retired)			
Name of Wife or Husband Charlotte Guard (McAllister)					
Father's Name Wm McAllister			Father's Birthplace Ireland		
Mother's Maiden Name Esther Hallie			Mother's Birthplace England		
Name of person giving information Mrs. G. L. Taneyhill			How related to deceased Sister		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute Lobar Pneumonia	How long	7 days
Immediate	Cardiac failure	How long	8 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician G. L. Taneyhill jr. M.D.	
		Address 1103 Madison Avenue	
		Balto. Md.	
Accident or Suicide?			

Geo J Smith  
1000 W. Fyette av

Brooklyn N.Y

Name In Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Ruxton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>	
		Date of death <u>1906</u> <small>Month</small> <u>January</u> <small>Day</small> <u>23<sup>rd</sup></u> <small>Years</small> <u>73</u>		<u>1</u> <small>Months</small> <u>11</u> <small>Days</small>	
		Sex <u>Male</u> <small>Color or Race</small> <u>White</u>		Birth-place <u>Ruxton Md.</u>	
		Occupation <u>Fanner</u>		Where Residing if not at place of death <u>Ruxton Md.</u>	
		<u>Single</u> <small>Married, Single or Widowed</small>		<u>✓</u> <small>Name of Wife or Husband</small>	
Father's Name <u>George W. McCoukey</u>		Father's Birthplace <u>Baltimore Md.</u>			
Mother's Maiden Name <u>Eliza Coale</u>		Mother's Birthplace <u>Ruxton Md.</u>			
Name of person giving information <u>Rebecca A. Rider</u>		How related to deceased <u>Sister</u>			
CAUSES OF DEATH					
Primary <u>Constipation</u>		(108)		How long <u>Do not know</u>	
Immediate <u>Obstruction bowels</u>				How long <u>Four days</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. L. Smith</u>			
		Address <u>Rider, Md.</u>			
Accident or Suicide? <u>✓</u>					

Louis F. Schoffen

316 N. Fremont Ave

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Mt Olivet Cemetery



Name  
In  
Full

William S. MacDonald.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt Hope Retreat <sup>County</sup> Balto Co MARYLAND

Date of death 1906 <sup>Month</sup> Jan - <sup>Day</sup> 14 <sup>Years</sup> Age 38 <sup>Months</sup> unknown <sup>Days</sup> unknown

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Balto Md

Occupation Clerk <sup>Where Residing if not at place of death</sup> 1721 W. Lafayette av Balto Md

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>

Father's Name unknown <sup>Father's Birthplace</sup> unknown

Mother's Maiden Name " <sup>Mother's Birthplace</sup> "

Name of person giving information Reed Mr Hope <sup>How related to deceased</sup> not at all.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Mania Acute - Post Cerebral Lesion <sup>How long</sup> 11 mos (?)

Immediate Ex - Cereb - Congest & Convulsions <sup>How long</sup> 24 hrs -

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Frank J. Flannery

Address Mt Hope Retreat

Baltimore Co Md.

Accident or Suicide?



Name  
in  
Full

Patrick Mc Glone Jr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baynesville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 1906	<i>Jan.</i> <small>Month</small>	<i>23</i> <small>Day</small>	Age <i>36</i> <small>Years</small>	<i>27</i> <small>Months</small>	<i>27</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Coachman</i>			
Name of Wife or Husband _____					
Father's Name <i>Patrick Mc Glone Sr</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Smith</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>George J. Smith</i>			How related to deceased <i>Brother-in-law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Phthisis</i>	How long <i>5 or 6 mo.</i>
Immediate <i>Adynamia</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. T. S. Whiteford</i>
	Address <i>Parkville, Ind.</i>
Accident or Suicide? _____	

Frederick Lassak & son

Fullerton Ind

Wm Mari Towne

Ind

Name  
in  
Full

Lydia Marshall

## CERTIFICATE OF DEATH

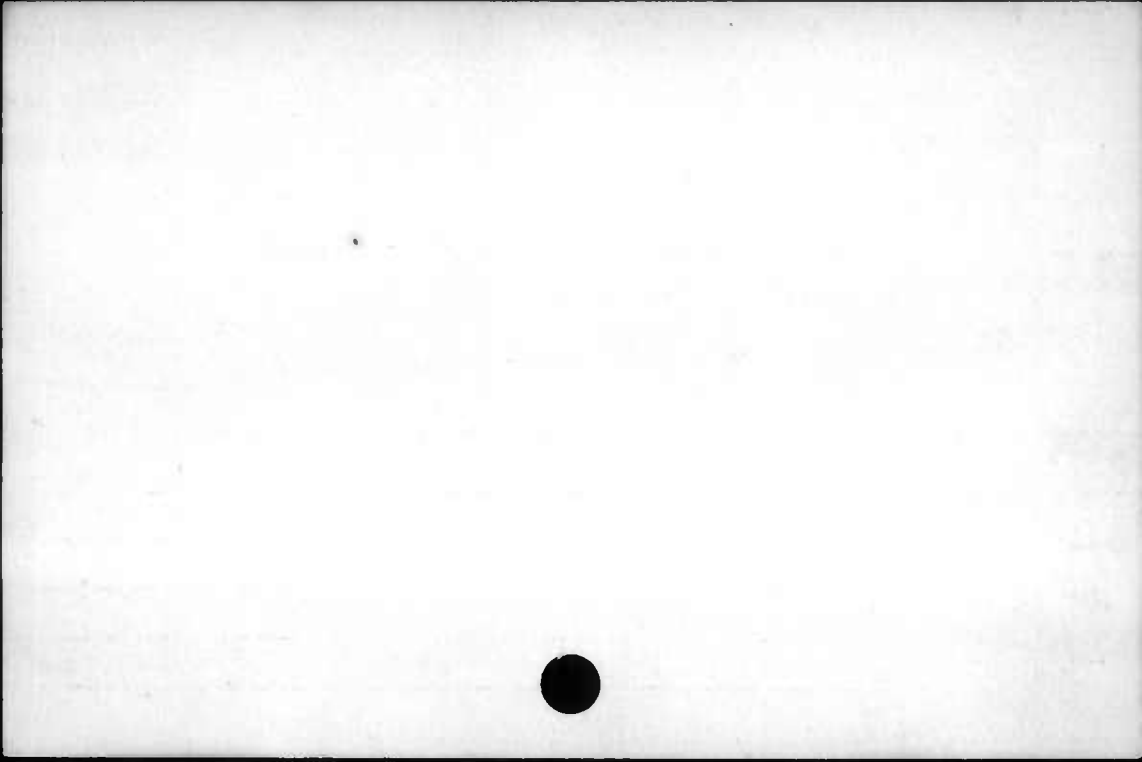
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pleasant Hill</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Jan</i>	Day <i>25</i>	Age <i>74</i>	Years	Months <i>2</i>	Days <i>25</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balt Co</i>				
Married, Single or Widowed <i>Widowed</i>			Occupation <i>None</i>				
Name of Wife or Husband							
Father's Name <i>John Morrow</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Ketturh Knight</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Annie E. Morrow</i>				How related to deceased <i>Sister</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>about 4 years</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>about 1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Campbell</i>
	Address <i>Lyonsville, Ind</i>
Accident or Suicide?	



Name  
in  
Full

John Tolbert Martin

## CERTIFICATE OF DEATH

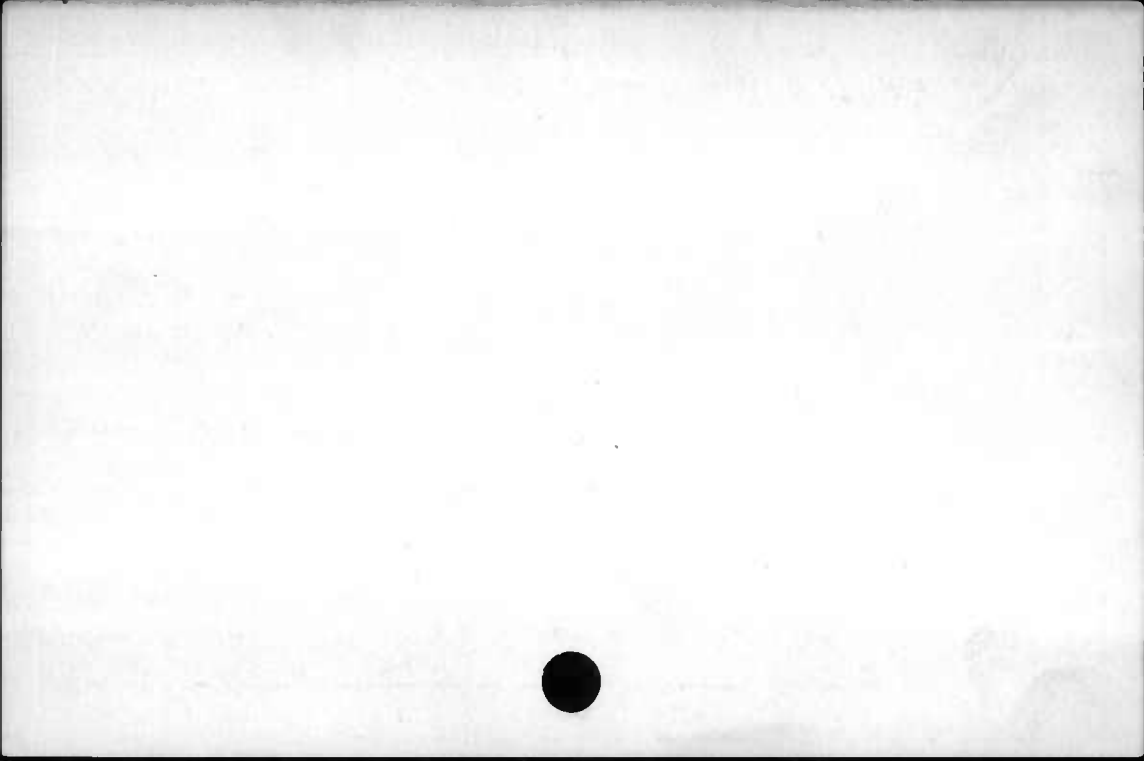
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Arcadia</i>			County <i>Balt</i>			MARYLAND	
Date of death 190 <i>6</i>	Month <i>1</i>	Day <i>10</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days <i>27</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Married, <u>Single</u> or Widowed			Occupation _____				
Name of Wife or Husband _____							
Father's Name <i>J. Herbert Martin</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Lolla M Bell</i>				Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Mother, Lolla Martin</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>congenital defect of Heart Ventricular septum</i>	How long <i>ever since born</i>
Immediate <i>cold - catarrhal attack of Lungs</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Gas H. Wilson</i>
	Address <i>Fowlesburg Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Elevator #3

Town

Baltimore

City

Date

1906

Month

Jan

Day

24

Age

Years

47

Months

9

Days

4

Sex

M

Color or  
Race

W

Birth-  
place

Germany

Occupation

Structure

Where Residing if not  
at place of death

Baltimore City

Married, Single  
or Widowed

M

Name of Wife or  
~~Husband~~

Eva Emma

Father's  
Name

George F Mathis

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Margaret Weiss

Mother's  
Birthplace

"

Name of person giving  
information

George F Mathis Jr

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Accident

How long

Immediate

Drowning

How long

6 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of

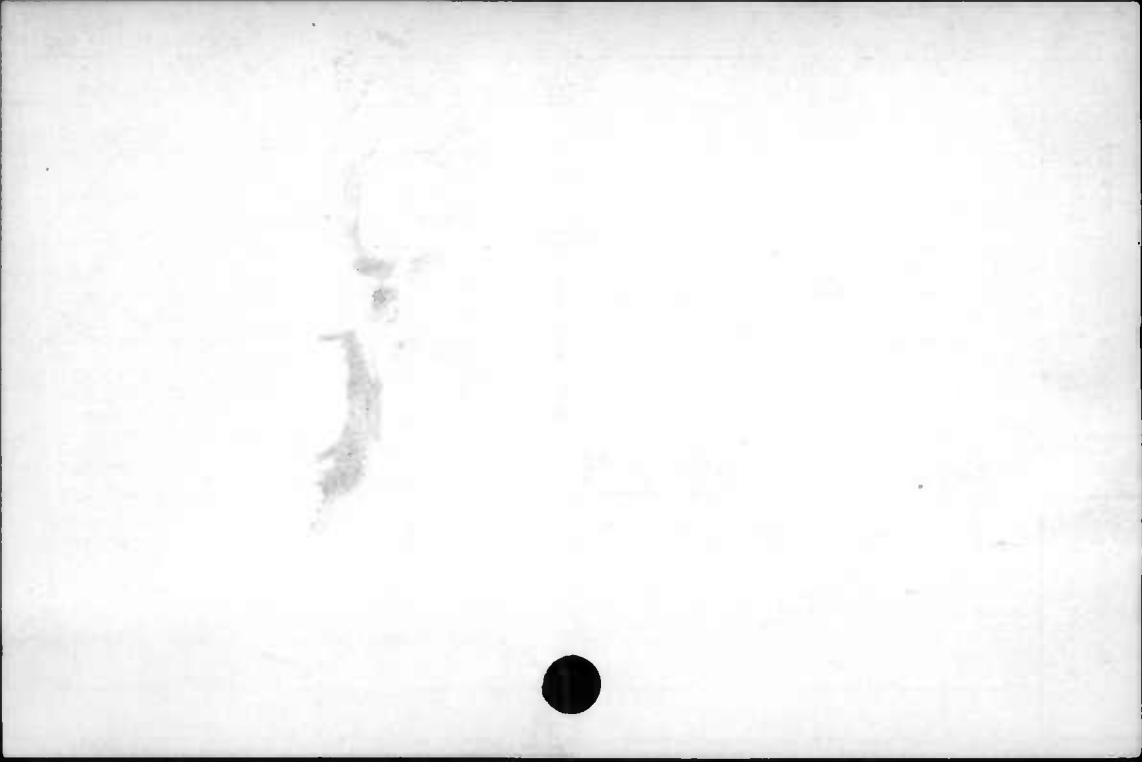
Fred Y Pfeffer

Address

1218 First St

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Aida M. Matthews

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> *Wt Washington*<sup>County</sup> *Balto*Date of death *1906 Jan*

Month

Day

*28*

Age

Years

*17*

Months

*3*

Days

*21*Sex *Female*Color or  
Race*white*Birth-  
place*Balto Co*

Occupation

*None*Where Residing if not  
at place of death*Wt Washington*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*—*Father's  
Name*Eli F. Matthews*Father's  
Birthplace*Balto Co*Mother's  
Maiden Name*Jowasser*Mother's  
Birthplace*Germany*Name of person giving  
Information*Eli F. Matthews*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Acute Pneumonic Phthisis*

How long

*4 weeks*

Immediate

*Septic Poisoning*

How long

*1 week*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*M. A. Fair*

Address

*12 East 25th St.  
Baltimore Md*

Accident or Suicide?

*No*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

ASU Mrs. Hall  
3539 Falls Road  
Jan 31 - 05  
Druid Ridge

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lowson</u> Town		County <u>Balto.</u>		MARYLAND	
Date of death	1906	Month	Jan.	Day	28
Age	52	Years	7	Months	26
Sex	Male	Color or Race	White	Birth-place	Md.
Occupation	Merchant		Where Residing if not at place of death <u>Lowson</u>		
Married, <del>Single</del> <del>or Widowed</del>	Name of <del>Wife or</del> Husband <u>Grace McKee Mattingly</u>				
Father's Name	<u>Joseph H. Mattingly</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Anna Maddox</u>			Mother's Birthplace	<u>Va</u>
Name of person giving information	<u>Grace McKee Mattingly</u>			How related to deceased	<u>wife</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Atherosclerosis</u>	How long	<u>50 Min.</u>
Immediate	<u>Coronary Arteriosclerosis</u>	How long	<u>15 Min.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>J. Payson Green M.D.</u>
		Address	<u>Lowson Md.</u>
Accident or Suicide?			

H. W. Jenkins Esq

Laurel Park

Name  
in  
Full

David B. Muck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Grange</i> Town		<i>Balta</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Jan.</i>	Day <i>7</i>	Age <i>55</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Not Known</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Ida L. Harley</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart failure</i>	How long	<i>One month</i>
Immediate	<i>Blood Co.</i>	How long	<i>125</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. J. Cunningham</i>	
Address <i>Ind</i>		Address <i>Ind</i>	
Accident or Suicide? <i>No</i>		✓	

Wm. T. Jones

H. Sander & Sons

Cedar Hill Conn.



Name  
in  
Full

Margaret B. Merritt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>town</sup> HighlandtownCounty <sup>County</sup> Baeto

Date of death 1906 Jan

Day 7

Age Years

Months 2

Days —

Sex Female

Color or  
Race

White

Birth-  
place

Baeto

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John M. Merritt

Father's  
Birthplace

Ma

Mother's  
Maiden Name

Florence A. Reynolds

Mother's  
Birthplace

Baeto

Name of person giving  
In formation

John M. Merritt

How related  
to deceased

father

## CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

Asphyxia

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

J. Warner  
1130 Highland Ave.

Accident or Suicide?

no

Wm Carmel  
H. Sanderling

Name  
in  
Full

Wilhelmina Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Parkville</b> <sup>Town</sup>		<b>Baltimore</b> <sup>County</sup>		MARYLAND	
Date of death 1906	Month <b>Jan</b>	Day <b>8</b>	Age <b>64</b>	Months <b>10</b>	Days <b>26</b>
Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place <b>Hanover, Germany</b>		
Married, Single or Widowed <b>Single</b>		Occupation <b>—</b>			
Name of Wife or Husband <b>—</b>					
Father's Name <b>J. Henry Miller</b>			Father's Birthplace <b>Germany</b>		
Mother's Maiden Name <b>E. Elisabeth Landwehr</b>			Mother's Birthplace <b>—</b>		
Name of person giving information <b>C. E. Ziegenhein</b>			How related to deceased <b>Sister</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Pleurisy Pneumonia</b>	How long <b>2 weeks</b>
Immediate <b>Heart failure</b>	How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Wm. G. B. Whitford</b>
	Address <b>Parkville, Md.</b>
Accident or Suicide? <b>—</b>	

Fred & Jessah & Son  
Honie Cigarettes

Name  
in  
Full

Annie Johnson Minor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Grover* Town*Barto* CountyDate of death *1906* Month *Jan*Day *27*Age *45* Years

Months

Days

Sex *Female*Color or  
Race*Colored*Birth-  
place*Virginia*

Occupation

*Cook*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Unknown*Father's  
Name*Unknown*Father's  
BirthplaceMother's  
Maiden Name*Unknown*Mother's  
BirthplaceName of person giving  
information*Mrs J. E. Clark*How related  
to deceased*Not related*

## CAUSES OF DEATH

Primary

*Convulsions Abundant term of labor*

How long

Immediate

*Sudden death, Probably Bright's Kidney*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*J. E. Clark*  
*Sta to City*

Accident or Suicide?

PHYSICIAN  
OR CORONER

James H. Dennis  
1333 Presstman St.

place of burial not  
selected.

Body moved to above  
address.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Female Infant of Frank &amp; Lilly Mohler

MARYLAND

Died at Calumet

Town

Baltimore

County

Date of death 1906

Month

Jan

Day

17

Age

Years

Months

Days

Sex Female

Color or  
Race

white

Birth-  
place

Calumet

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Frank L Mohler

Father's  
Birthplace

Baltimore

Mother's  
Maiden Name

Lilly A Brown

Mother's  
Birthplace

Md

Name of person giving  
In formation

F L Mohler

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?





Name  
in  
Full

Theodore Moon

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sparrows Point</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1906	Month	Jan	Day	25	Age	1
Sex		male		Color or Race		colored	
Occupation				Birth-place		Md	
Where Residing if not at place of death				Sp. Pt.			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		James Moon				Father's Birthplace	
Mother's Maiden Name		Queen Victoria Edmonds				Mother's Birthplace	
Name of person giving Information		James Moon				How related to deceased	
						father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Broncho-pneumonia (92)	How long	5 days
Immediate	Exhaustion	How long	a few hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		G. H. McCormick M.D.	
Address		Sparrows Point Md.	
Accident or Suicide?		no	



Name  
in  
Full

Mary A Mouly

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Denis</i> Town		<i>Bolton</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Jan</i>	Day <i>19</i>	Age <i>62</i>	Months Days
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>housewife</i>		Where Residing if not at place of death <i>St Denis Md</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband _____				
Father's Name _____			Father's Birthplace _____		
Mother's Maiden Name _____			Mother's Birthplace _____		
Name of person giving information <i>Mary Moore</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Appendicitis</i>	How long <i>3 days</i>
Immediate <i>Peritonitis</i>	How long <i>some</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elk Ridge Howard</i>
Accident or Suicide? <i>no</i>	<i>found</i>

John W. Bell

Mr. Olcott.

---

Name in Full		Anna M. Murray				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Avalon</i>		Town <i>Baltimore</i>		County		MARYLAND
	Date of death <i>1906 Jan</i>		Month <i>9</i>		Day <i>81</i>		
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months
	Occupation <i>Philanthropy</i>		Where Residing if not at place of death <i>Avalon, Md.</i>				Days
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
	Father's Name <i>Daniel Murray</i>		Fether's Birthplace <i>Maryland</i>				
	Mother's Maiden Name <i>Dorsey</i>		Mother's Birthplace <i>Maryland</i>				
	Name of person giving information <i>Genl. Robert Murray</i>		How related to deceased <i>Brother</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Age</i>		How long <i>154</i>				
	Immediate <i>General debility</i>		How long <i>In bed 5 days</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. R. Eareckson</i>				
			Address <i>Elk Ridge, Md.</i>				
	<i>Accident or Suicide?</i>						

CLASSIFICATION	DESCRIPTION	REMARKS
1.1	General Information	This section contains general information about the document.
1.2	Detailed Description	This section provides a detailed description of the document's content.
1.3	Analysis and Interpretation	This section discusses the analysis and interpretation of the document.
1.4	Conclusions and Recommendations	This section presents the conclusions and recommendations derived from the document.
1.5	References and Bibliography	This section lists the references and bibliography used in the document.
1.6	Appendices and Supporting Materials	This section includes appendices and supporting materials related to the document.
1.7	Index and Table of Contents	This section provides an index and table of contents for the document.
1.8	Other Relevant Information	This section contains other relevant information about the document.

Classification of Documents

Classification of Documents



Name  
in  
Full

Mrs. Stannetta Norwood

## CERTIFICATE OF DEATH

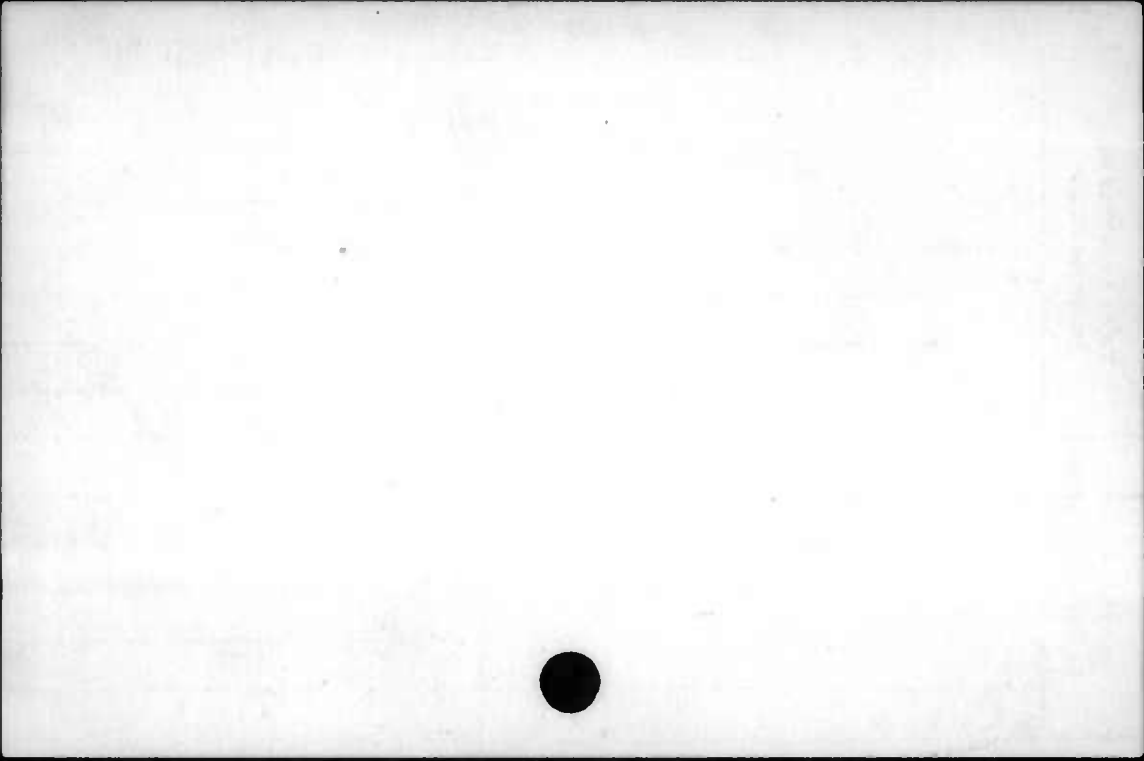
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Raspburg		County Baltimore		MARYLAND	
Date of death	1906	Month Jan	Day 30th	Age 87	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Baltimore Co
Occupation	—			Where Residing if not at place of death Raspburg			
Married, Single or Widowed	Widow		Name of Wife or Husband Jacob a Norwood				
Father's Name	Isaac Pedley					Father's Birthplace	Baltimore Co
Mother's Maiden Name	Stannetta Ridgely					Mother's Birthplace	—
Name of person giving Information	Mrs. Ray Parsons <del>Grand daughter</del>					How related to deceased	Grand daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	How long	154
Immediate	Natural causes	How long	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Joseph B Webster		
	Address Raspburg Md		
Accident or Suicide?	✓		





Rev Matthew O'Keefe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gauwin</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>1</u>	Day <u>28</u>	Age <u>77</u> Years	Months <u>8</u>	Days <u>17</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ireland</u>		
Occupation <u>Pastor</u>			Where Residing if not at place of death <u>Gauwin</u>		
Married, Single or Widowed		Name of Wife or Husband <u>Priest</u>			
Father's Name <u>Peter O'Keefe</u>			Father's Birthplace <u>Waterford</u>		
Mother's Maiden Name <u>Mary</u>			Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>A. Sister</u>			How related to deceased <u>Nom</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Asthma, Heart disease</u>	How long <u>Several years</u>
Immediate <u>Pulmonary. Pneumonia</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. C. Massenburg M.D.</u>
<u>Yes</u>	Address <u>Gauwin</u>
Accident or Suicide?	<u>No</u>

Martin Fahey Sen

May 11

Burial in the Church of the  
Immaculate - Town

Name  
in  
Full

Thomas

O'Keefe

## CERTIFICATE OF DEATH

Died at *Cockeyville* Town*Balto* County

MARYLAND

Date of death *1906 Jan* Month*7th* DayAge *86* Years

Months

Days

Sex *Male*Color or Race *White*Birth-place *Ireland* *County Cork*Occupation *Farmer*Where Residing if not at place of death *Cockeyville Md*Married, ~~Single~~  
or WidowedName of Wife or Husband *Catharina Ward*Father's Name *David O'Keefe*Father's Birthplace *Ireland*Mother's Maiden Name *Catharina Riley*Mother's Birthplace *Ireland*Name of person giving information *Mrs Mary Fagan*How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Cardiac - valvular degeneration*How long *2 months*Immediate *Gastric Colon. carcinoma*How long *4 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr J. B. Hansen*Address *Cockeyville Md*Accident or Suicide? ☒TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Funeral June 9 at  
Towson Cemetery

W. C. Brooks

Name in Full		Town				County		MAYLAND	
Peter Paul		403 Orleans St. Esh		Bald.					
Died at		Date of death		Month		Day		Age	
1906		January		16		63			
Sex		Male		Color or Race		White		Birth-place	
								Germany	
Occupation		Butter Dealer		Where Residing if not at place of death		403 Orleans St. Esh			
Married, Single or Widowed		Married		Name of Wife or Husband		Mary Paul			
Father's Name		Adam Paul		Father's Birthplace		Germany			
Mother's Maiden Name		Mary Dick		Mother's Birthplace		Germany			
Name of person giving information		H. E. Shaffer		(79)		How related to deceased		None	
CAUSES OF DEATH									
Primary		Val. Disease of heart - Asthma				How long		Since Oct/1905	
Immediate		Heart Failure				How long		A few minutes	
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Geo. W. Morris M.D.	
						Address		6 N. Broadway Bald. Mo	
Accident or Suicide?		Neither							

W. J. Schaffer <sup>Aug 5th</sup> Son  
Balt. Conn —

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Jackson Pierce

Died at Canton TownCounty Baltimore

MARYLAND

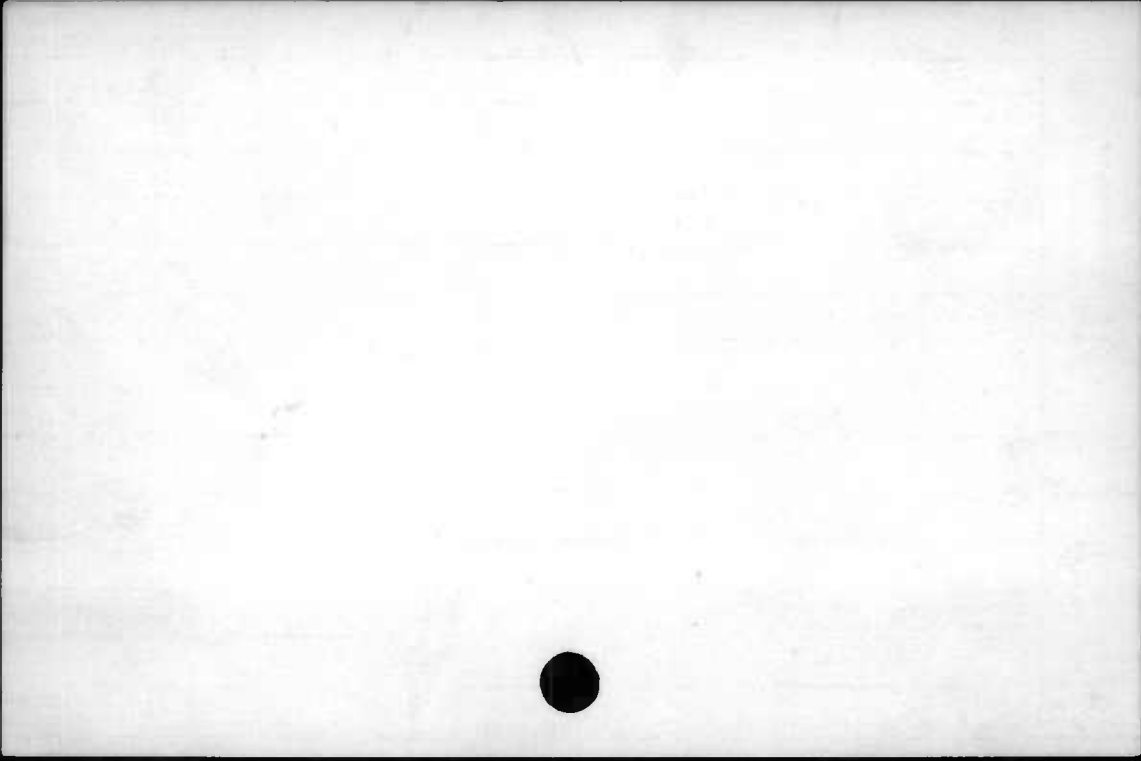
Date of death 1906 Month JanDay 15Age 50 YearsMonths ✓Days ✓Sex MaleColor or Race WhiteBirth-place IndOccupation FishermanWhere Residing if not at place of death North East. IndMarried, Single or Widowed Single

Name of Wife or Husband

Father's Name don't knowFather's Birthplace —Mother's Maiden Name don't knowMother's Birthplace —Name of person giving information Off. PfisterHow related to deceased none

## CAUSES OF DEATH

Primary Natural CausesHow long —Immediate ✓How long —Are the name, age, sex, color, date and place correctly given above? yesSignature of Physician Coroner John G. MuellyAddress 501 N. Clinton stAccident or Suicide? ✓





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Lebanonville* <sup>Town</sup>*Putt* <sup>County</sup>Date of death *1906* <sup>Month</sup> *Jan**15* <sup>Day</sup>Age *37* <sup>Years</sup>

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Maryland*

Occupation

*None*Where Residing if not  
at place of death *X*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*X*Father's  
Name*John J. Porter*Father's  
Birthplace*Ind*Mother's  
Maiden Name*X*Mother's  
BirthplaceName of person giving  
In formation*Andrew J. Porter*How related  
to deceased*Brother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Epileptic Insanity*

How long

*10 yrs.*

Immediate

*Status Epilepticus*

How long

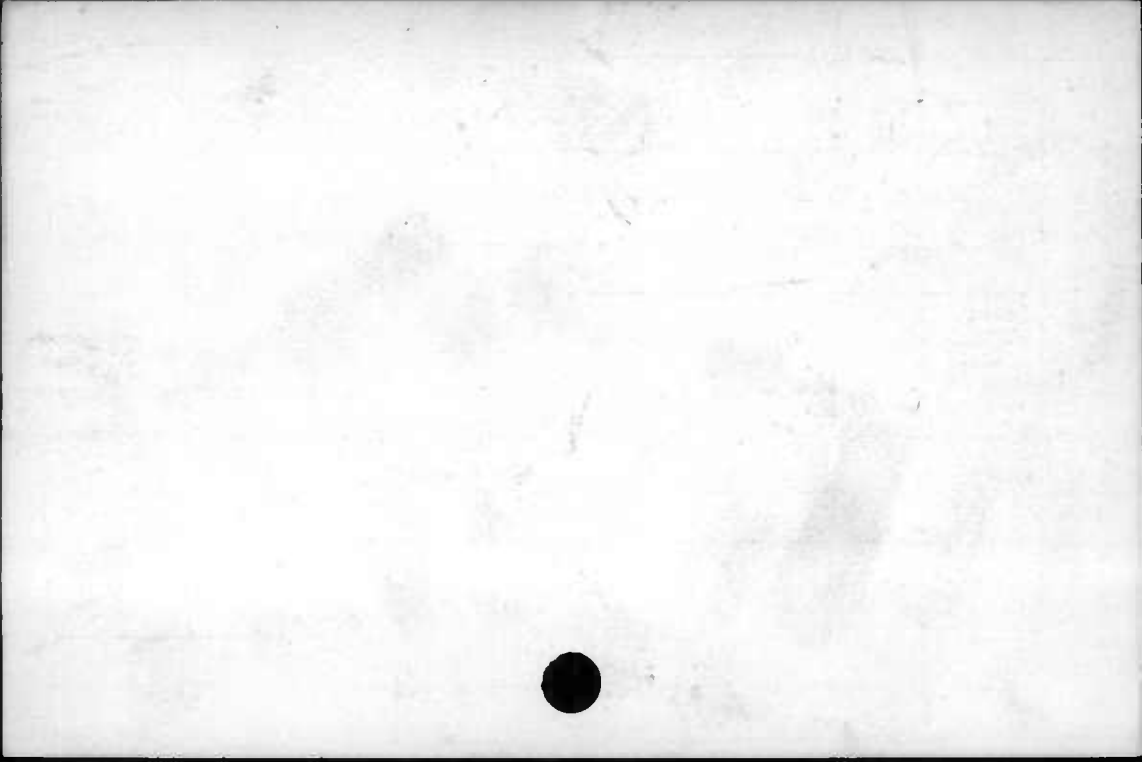
*few hours.*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Dr. Wade**Lebanonville.*

Accident or Suicide?

*No*



Name  
in  
Full

Daniel Price

CERTIFICATE OF DEATH

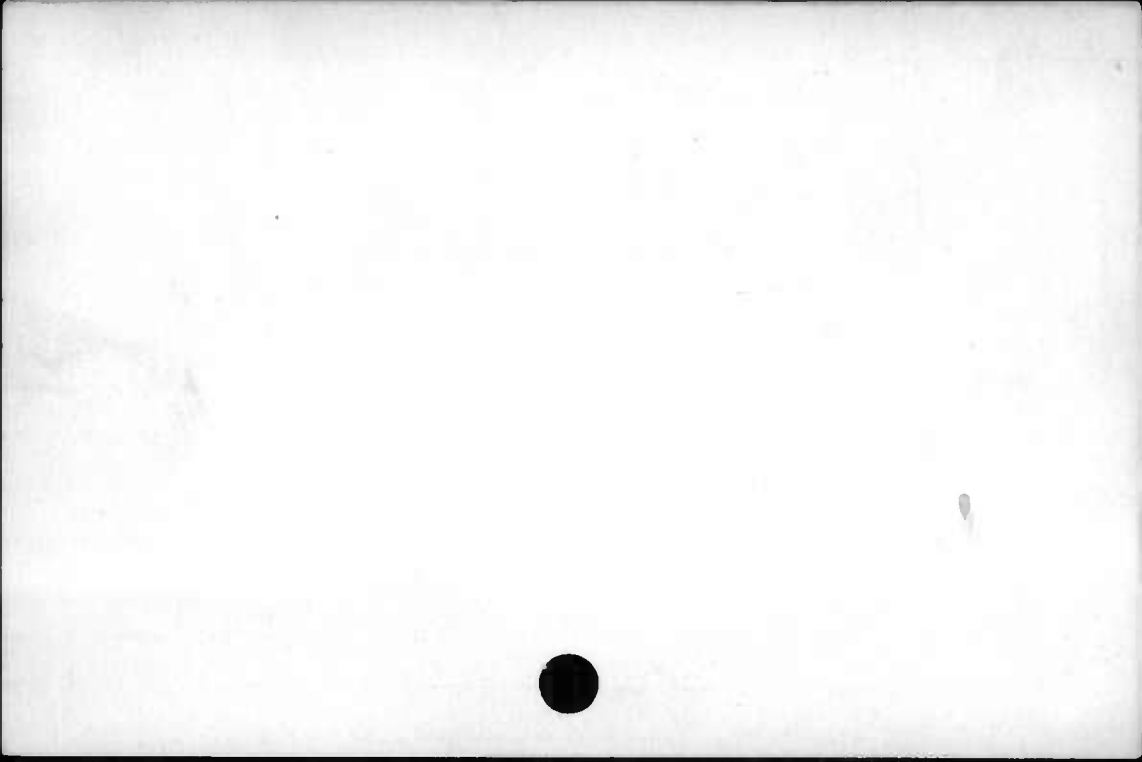
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Locton</i> <small>Town</small>			<i>Bath</i> <small>County</small>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>1</i>	Day <i>16</i>	Age <i>80</i>	Years <i>1</i>	Months <i>1</i>	Days <i>30</i>
Sex <i>Male</i>		Color or Race <i>white</i>	Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Retired Farmer</i>				
Name of Wife or Husband <i>Sarah Jane Crowther</i>						
Father's Name <i>Caleb Price</i>			Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Keziah Wheeler</i>			Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>George Price</i>			How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>died suddenly</i>	How long <i>178</i>
Immediate <i>Suppose Heart Disease</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Wilson</i>
	Address <i>Fowblesburg</i>
Accident or Suicide? <i>Ind</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

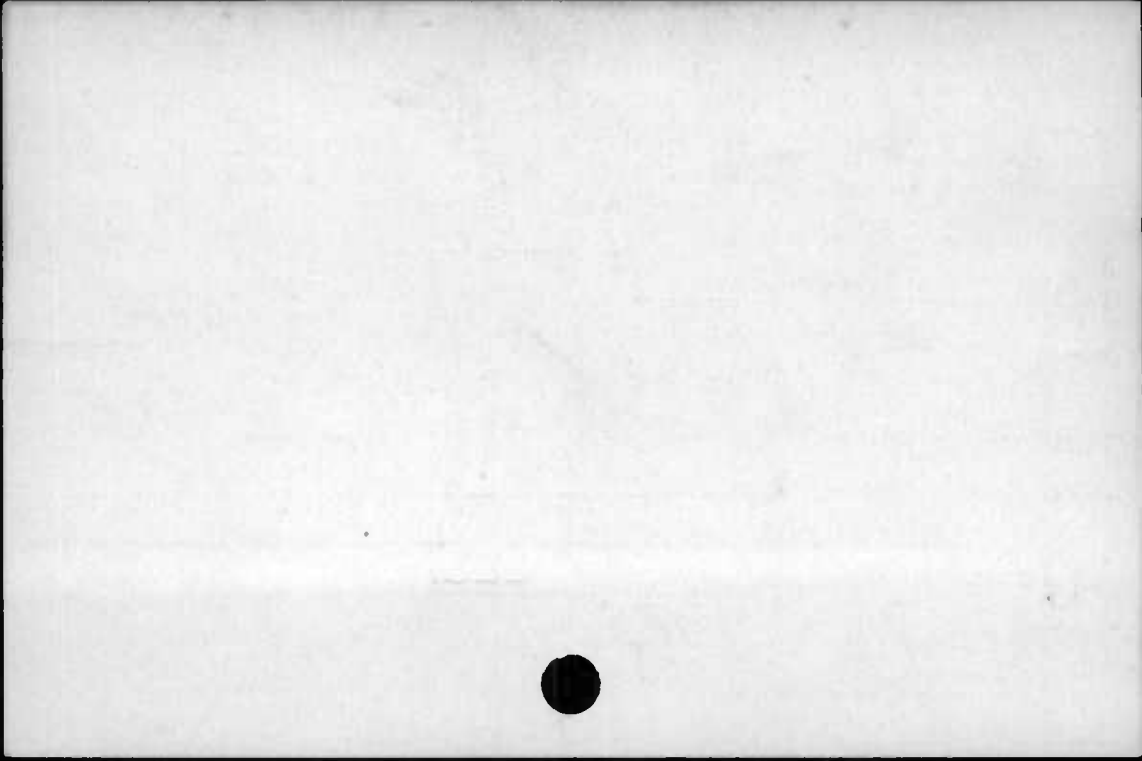
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John A. Reiman</i>		Town <i>Baltimore</i>		County <i>Balto</i>		MARYLAND			
Died at		Date of death <i>1905</i>		Age <i>30 1/2</i>		Months <i>1</i>		Days <i>18</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Balto Co</i>					
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband							
Father's Name <i>Rudolph Reiman</i>		Father's Birthplace <i>Balto City</i>							
Mother's Maiden Name <i>Minnie Heil</i>		Mother's Birthplace <i>" "</i>							
Name of person giving information <i>Rudolph Reiman</i>		How related to deceased <i>Father</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Scarlet Fever</i>		How long <i>7 days</i>	
Immediate <i>Septicemia</i>		How long <i>" "</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. N. M. They</i>	
		Address <i>2 Hudson St</i>	
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Lewis Rosier

CERTIFICATE OF DEATH

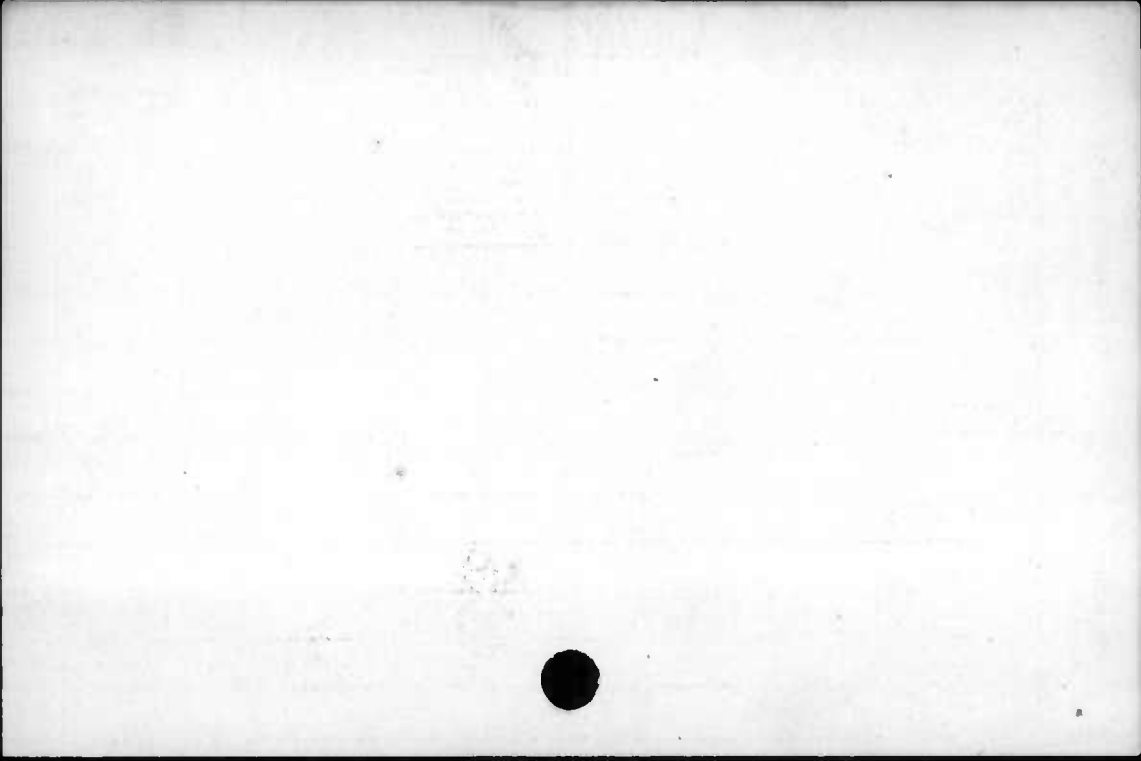
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Parkton</u> <sup>town</sup>		County <u>Balt</u>		MARYLAND	
Date of death	190 <u>6</u>	Month <u>1</u>	Day <u>27</u>	Age <u>65</u>	Years <u>3</u> Months <u>24</u> Days
Sex	<u>Male</u>		Color of Race	<u>white</u>	
Occupation	<u>Farmer</u>		Birth-place	<u>Md</u>	
Where Residing if not at place of death			<u>at Parkton</u>		
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Eliza. Rosier</u>	
Father's Name	<u>Bijah Rosier</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Darby Williams</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Elmer Rosier</u>			How related to deceased	<u>step son in law</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>64</u> <u>5 yrs</u>
Immediate	<u>" 2nd attack</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>R. B. Norris</u>
		Address	<u>Parkton</u>
Accident or Suicide?	<u>No</u>		<u>Md</u>





Name in Full		Elizabeth Sanders				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Raspensburg</i>		County <i>Baltimore</i>		MARYLAND			
	Date of death 1906		Month <i>Jan</i>		Day <i>4<sup>th</sup></i>		Years <i>69</i>		Months <i>-</i>	Days <i>-</i>
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Co</i>					
	Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>							
	Name of Wife or Husband <i>-</i>									
	Father's Name <i>Obadiah Sanders</i>					Father's Birthplace <i>Baltimore Co</i>				
	Mother's Maiden Name <i>Anne Richards</i>					Mother's Birthplace <i>-</i>				
Name of person giving information <i>Mrs E Carter</i>					How related to deceased <i>Niece</i>					
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		<i>General Paralysis</i>				How long <i>2 Years</i>			
	Immediate		<i>Exhaustion</i>				How long <i>-</i>			
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>J.B. Webster M.D.</i>		Address <i>Raspensburg Md</i>			
	Accident or Suicide?									



Name  
in  
Full

German Scherbert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baets</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Jan</i>	Day <i>17</i>	Age <i>50</i>	Years <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Labour</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Anelia Scherbert</i>				
Father's Name <i>John Scherbert</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Anelia Scherbert</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes</i>	How long <i>about 2 years</i>
Immediate <i>Pulmonary tuberculosis</i>	How long <i>about 3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. Sherman, M.D.</i>
	Address <i>2226 Madison ave.</i>
Accident or Suicide? <i>No</i>	<i>Baltimore, Md.</i>

523 Mr. Chas. A.

Name  
in  
Full

## Schulz (M) CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Wash. Ra		Town		Balto Co.		County		MARYLAND	
Date of death		1906		January		31		Day		Age	
Sex		Male		Color or Race		White		Birth place		Wash Rd. Md.	
Occupation						Where Residing if not at place of death					
Married, Single or Widowed						Name of Wife or Husband					
Father's Name						Frank Schulz					
Father's Birthplace						Md					
Mother's Maiden Name						Kate Hecker					
Mother's Birthplace						Md					
Name of person giving information						Frank. Schulz					
How related to deceased						Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Still Birth		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				Geo. S. M. Keffer	
				Address	
				Mumell Pk.	
				Balto Co Md.	
Accident or Suicide?					

John Tengel  
London Park

Name  
in  
Full

*Sophronia O. Swartz* *Schwartz* *over* **CERTIFICATE OF DEATH**

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>MT Hope Retreat</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i> <small>Year</small>	<i>Jan</i> <small>Month</small>	<i>31</i> <small>Day</small>	Age <i>59</i> <small>Years</small>	<i>abt</i> <small>Months</small> <i>Unknown</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Mass.</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>1308 W. Linnvale St.</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>		<i>(18)</i>		Father's Birthplace <i>Unknown</i>	
Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>"</i>	
Name of person giving information <i>Reed, MT Hope Retreat</i>		How related to deceased <i>not at all</i>			

**CAUSES OF DEATH**

PHYSICIAN  
OR CORONER

Primary	<i>mania Chron - Post syphilitis</i>	How long	<i>14 yrs -</i>
Immediate	<i>Ex - Uraemia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank J. Flannery</i>	
		Address <i>MT Hope Retreat</i>	
		<i>Baltimore Md.</i>	
<i>Accident or Suicide?</i>			

For authorization of change of name see  
letter filed under "Flannery" - 6/8/20



Name in Full		Anna B. Seipp				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Endowment Hospital		Baltimore		Baltimore			
	Date of death	1906	Month	1	Day	14	Age	
					Years		39	
					Months			
					Days			
	Sex	female		Color or Race	white		Birth-place	Balts. Co.
Occupation	Clerk		Where Residing if not at place of death					
Married, Single or Widowed	Single		Name of Wife or Husband					
Father's Name	Conrad Seipp					Father's Birthplace	Germany	
Mother's Maiden Name	Elizabeth Spack					Mother's Birthplace	Penna.	
Name of person giving information	Mr. Burns					How related to deceased	None	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Tuberculosis					How long	2 years
	Immediate	Exhaustion					How long	2 months
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		H. A. Garrett	
					Address		Fowson, Md.	
	Accident or Suicide?		no				✓	

John Burns Sons  
London  
Grocers, Fresh Cans

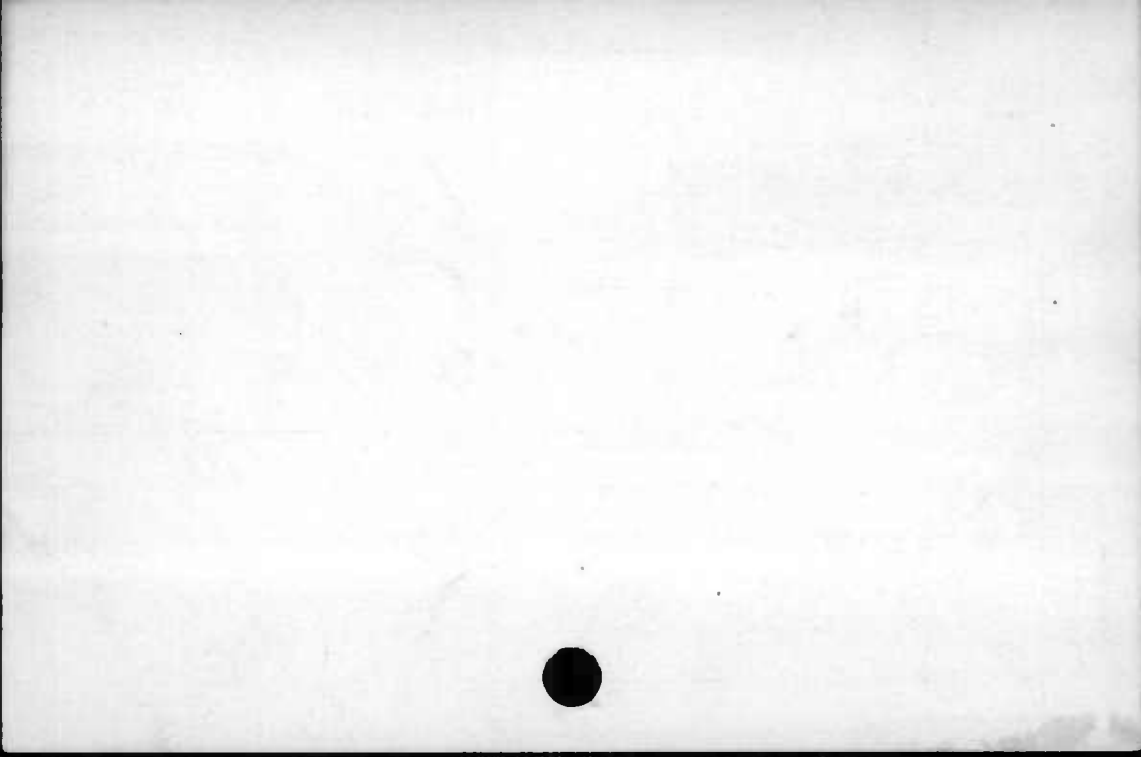
Name in Full		CERTIFICATE OF DEATH			
William Shotton		Town Laner Canton		County Baltimore	
Died at		State MARYLAND			
Date of death		1906	Month Jan	Day 30	Age 29
Sex male		Color or Race white		Birth-place England	
Occupation fireman		Where Residing if not at place of death England			
Married, Single or Widowed single		Name of Wife or Husband —			
Father's Name dont know		Father's Birthplace —			
Mother's Maiden Name dont know		Mother's Birthplace —			
Name of person giving information Olaf Helleksen		How related to deceased none			
CAUSES OF DEATH					
Primary Accidental drowning		How long —			
Immediate Drowning		How long —			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Coroner John G. Mueller			
		Address 501 N. Clinton st			
Accident or Suicide ✓					

Burial at  
Baltimore Md  
Jan 31/906.

Wm Cook  
505 E. North Ave

Dr. Athey  
2 Hudson St  
Exh.

Name in Full		Mrs Goulie Lipes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Roslyn</i>		Town		County <i>Baltimore</i>		STATE <i>MARYLAND</i>
	Date of death <i>1906</i>	Month <i>Jan.</i>	Day <i>22</i>	Age <i>58</i>	Years	Months	Days
	Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>Rockdale</i>			
	Occupation <i>House-wife</i>		Where Residing if not at place of death				
	Married, <del>Single</del> <i>Married</i>	Name of Wife or Husband <i>Maryella Lipes</i>					
	Father's Name <i>John George</i>		Father's Birthplace				
	Mother's Maiden Name		Mother's Birthplace				
Name of person giving information <i>G. P. Starfield</i>		How related to deceased <i>none</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Carcinoma of Uterus</i>		(42)		How long <i>3 years</i>		
	Immediate <i>Carcinoma of Ovary</i>				How long <i>4 months</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. C. Smith M.D.</i>		Address <i>Goodson Sta. Md.</i>		
			Address				
	Accident or Suicide?						



Name  
in  
Full

Rosa Slambaker

## CERTIFICATE OF DEATH

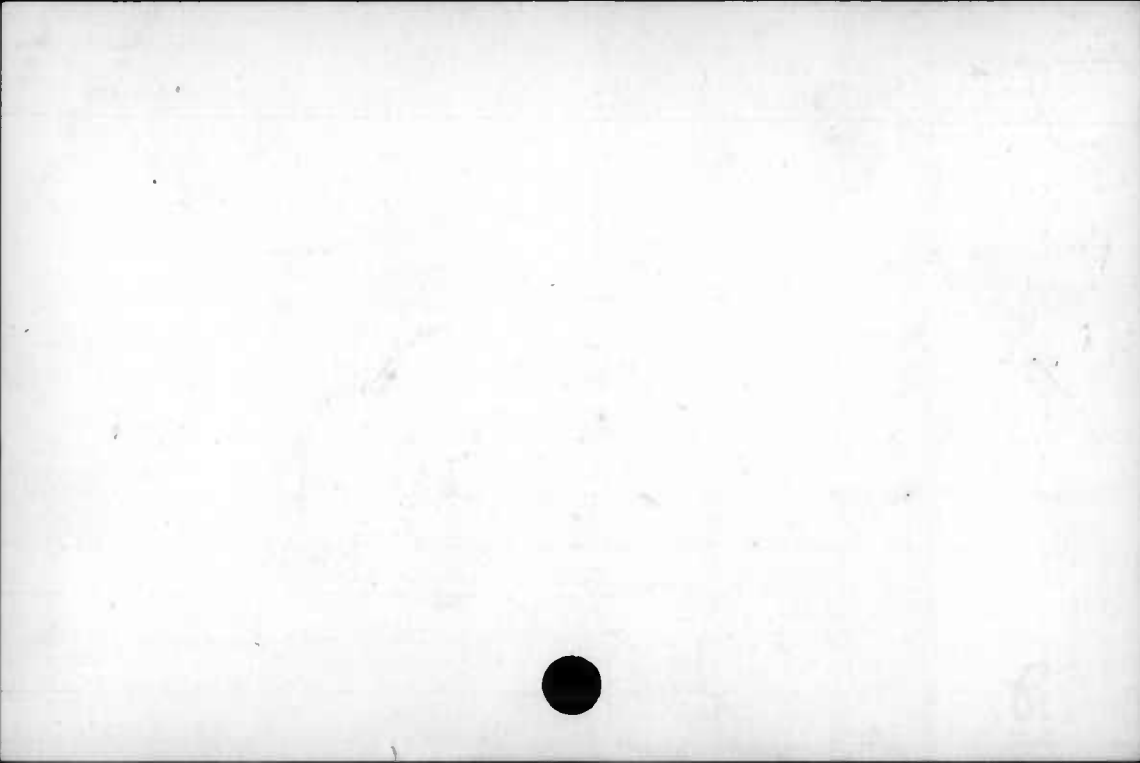
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Warren		County Balto.		MARYLAND	
Date of death		1906	Month 1	Day 1	Age 22	Months 1	Days 3
Sex Female		Color or Race White		Birth- place Ind.			
Occupation House work		Where Residing if not at place of death Warren					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Wm Slambaker		✓				Father's Birthplace Ind	
Mother's Maiden Name Matilda Tracey		✓				Mother's Birthplace Ind.	
Name of person giving In formation Wm Slambaker						How related to deceased father.	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diphtheria	How long	4 days -
Immediate	Paralysis of Heart	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
8		Dishner C. Emerson M.D. Cockeysville Ind.	
Accident or Suicide?			





Name  
in Full

Louisa A. Soth.

## CERTIFICATE OF DEATH

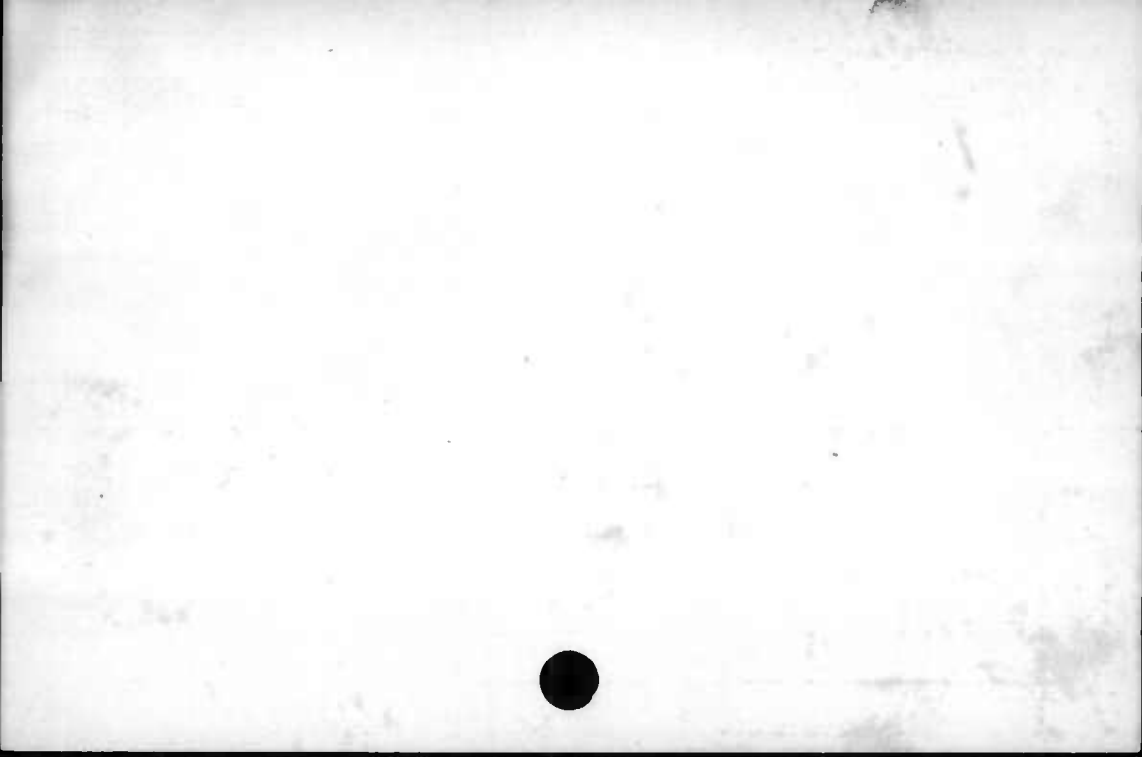
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Perry Hall</i>		County <i>Baltimore</i>		MARYLAND			
Date of death	1906	Month <i>Jan'y</i>	Day <i>20<sup>th</sup></i>	Age	61	Months	5	Days	11
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>		
Occupation	<i>Housewife</i>			Where Residing if not at place of death		<i>At Perry Hall.</i>			
<input checked="" type="checkbox"/> Widowed	<i>Widow</i>		Name of Wife or Husband						
Father's Name	<i>Phillip Weisner</i>					Father's Birthplace	<i>Germany</i>		
Mother's Maiden Name	<i>Catharina Weisner</i>					Mother's Birthplace	<i>Germany</i>		
Name of person giving information	<i>Christian Soth.</i>					How related to deceased	<i>Son.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Grip.</i>	How long	<i>about a month</i>
Immediate	<i>Pneumonia</i>	How long	<i>six days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>W. J. Harrison.</i>
		Address	<i>Loch Raven.</i>
<input checked="" type="checkbox"/> Accident or Suicide?			



Name  
in  
Full

Peter Staik

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Pulport		County Baltimore		MARYLAND	
Date of death		1906	Month Jan	Day 8	Age 43	Months 6	Days 1
Sex Male		Color or Race White		Birth-place Russia			
Occupation Tailor				Where Residing if not at place of death Westport.			
Married, Single or Widowed Married		Name of Wife or Husband					
Father's Name Don't Know		Father's Birthplace Russia		Mother's Maiden Name Don't Know		Mother's Birthplace Russia	
Name of person giving information Rosie Staik		(21)		How related to deceased Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Four Months
Immediate	Asthma	How long	Several days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Albert L. Chamberlain	
		Address 614 S. Palast.	
Accident or Suicide?			

Holy Rosary

Jacob Fialkowski  
Holy Rosary



Name  
in  
Full

Orene Gertrude Stallings

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>1</u> <small>Month</small>	<u>10</u> <small>Day</small>	<u>2</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>29</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balt. Co.</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Robert Stallings</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Annice Boyer</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Annice Stallings</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>4 weeks</u>
Immediate <u>Cardiac Paralysis</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. M. Moyness M.D.</u>
	Address <u>Canton Reservoir</u> <u>Hudson &amp; Culey Sts.</u>
Accident or Suicide? <u>—</u>	

H. Sanders and Son  
Mfg. Carmel Cal.

Raymond W. Sweet

## CERTIFICATE OF DEATH

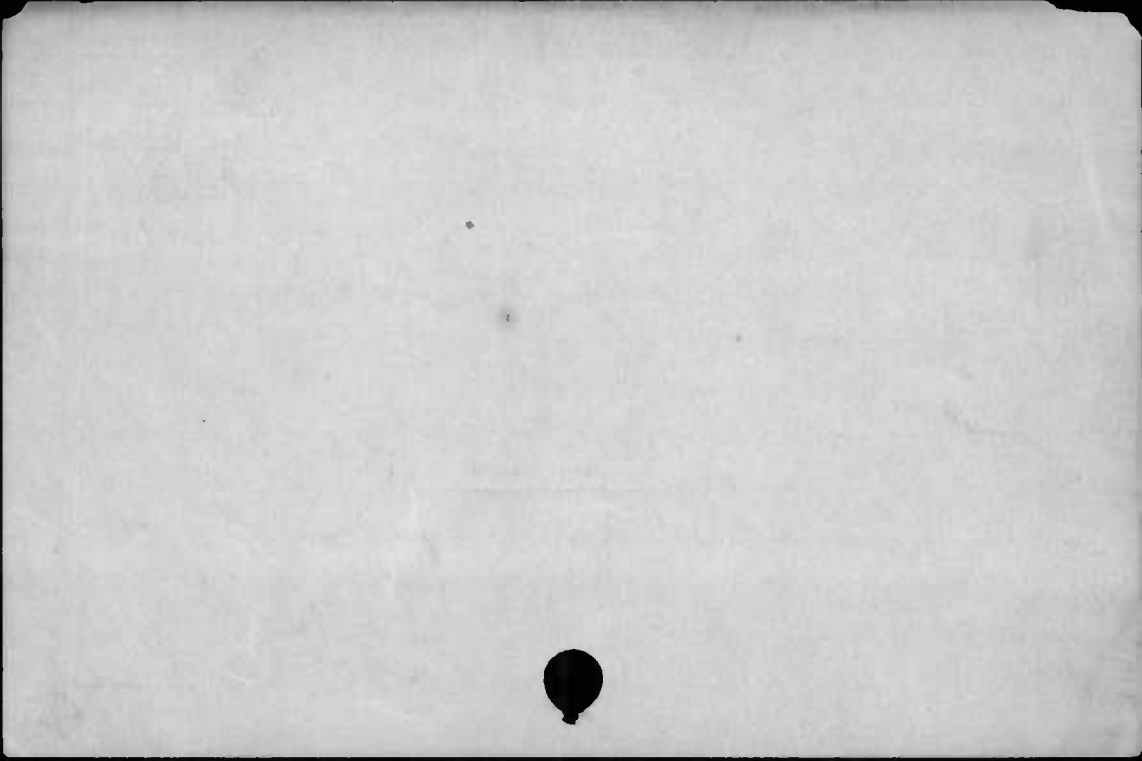
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cella</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>29</i>	Age <i>—</i>	Months <i>13</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Cella</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Samuel Sweet</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Hanna B Gaugh</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Samuel Sweet</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Capillary Bronchitis</i>		How long	<i>2 weeks</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>James H. Jones M.D.</i>	
			Address <i>Chlorobutyls Ltd</i>	
Accident or Suicide?				





Name  
in  
Full

Elizabeth Jones. Swern.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Towson</u> <small>Town</small>		<u>Balti.</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>1</u> <small>Month</small>	<u>1</u> <small>Day</small>	Age <u>89</u> <small>Years</small>	<u>    </u> <small>Months</small>	<u>    </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>    </u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>Towson</u>		
Married, Single or Widowed <u>Widow</u>	Name of <del>Wife</del> Husband <u>George. Swern</u>				
Father's Name <u>Amos. Swern.</u>			Father's Birthplace <u>    </u>		
Mother's Maiden Name <u>Elizabeth Jones</u>			Mother's Birthplace <u>    </u>		
Name of person giving information <u>Louisa Link</u>			How related to deceased <u>Daughter.</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Old age + General debility</u>	How long <u>Three years</u>
Immediate <u>Paralysis</u>	How long <u>Three months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>L. B. Taranto</u>
	Address <u>Towson</u>
Accident or Suicide? <u>    </u>	

John Burns Sons  
Carroll Chapel  
Chestnut  
Ridge

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

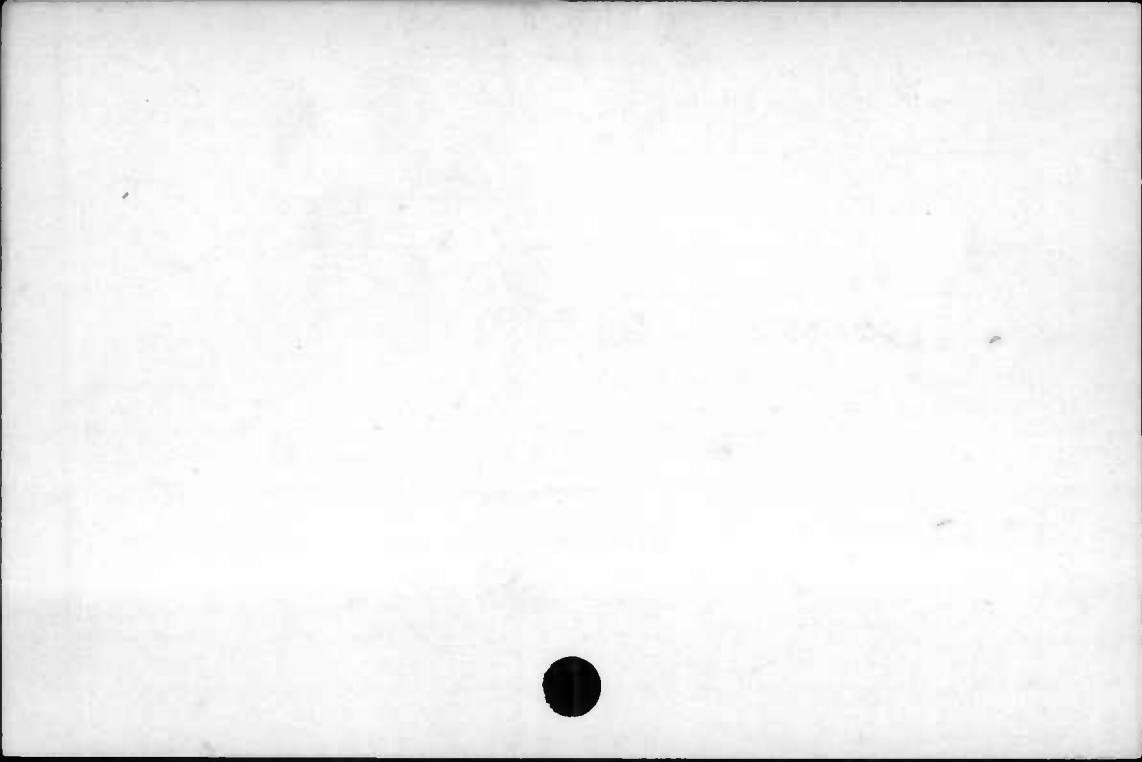
MARYLAND

Died at <i>Grants</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>			
Date of death <i>1906 Jan</i>	<i>7</i> <sup>Month</sup>	<i>81</i> <sup>Day</sup>	<i>81</i> <sup>Years</sup>	<i>4</i> <sup>Months</sup>	<i>23</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ireland</i>		
Occupation <i>H. W.</i>	Where Residing if not at place of death <i>Same</i>				
<del>Married, Single or Widowed</del> <i>widow</i>	Name of Wife or Husband <i>Robert Duggan (deceased)</i>				
Father's Name <i>D. H.</i>	Father's Birthplace <i>D. H.</i>				
Mother's Maiden Name <i>D. H.</i>	Mother's Birthplace <i>D. H.</i>				
Name of person giving information <i>O. J. Gosnell</i>	How related to deceased <i>Son in law</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Similarity</i>	How long <i>154</i>
Immediate <i>Cardiac Asthma</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. [Signature]</i>
	Address <i>Grants Md</i>
Accident or Suicide? <i>—</i>	



Name  
In  
Full

Mary E Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Rivletville		County Baltimore		MARYLAND	
Date of death		1906	Month 1	Day 31	Age	Years 53	Months 3 Days 10
Sex		Female		Color or Race		White	
Occupation		None		Birth-place		Baltimore Md	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband		Charles J. Taylor	
Father's Name		Richard P. Dwykerly		Father's Birthplace		England	
Mother's Maiden Name		Elizabeth		Mother's Birthplace		Md	
Name of person giving information		Charles J Taylor		How related to deceased		Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Pneumonia & Dropsy		How long		12 days	
Immediate		Exhaustion		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. B. Hall	
				Address		Mt Vernon	
Accident or Suicide?						✓	

Western Cem.

Joe B Cook

Name

In  
Full

Unnamed Infant Taylor (M)

## CERTIFICATE OF DEATH

Died at *Scott Level* <sup>Town</sup> *Baltimore* <sup>County</sup> **MARYLAND**

Date of death *1906* <sup>Month</sup> *1* <sup>Day</sup> *16* <sup>Years</sup> *Age* <sup>Months</sup> *2* <sup>Days</sup>

Sex *Female* <sup>Color or Race</sup> *Negro* <sup>Birth-place</sup> *Md*

Occupation *None* <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed <sup>Name of Wife or Husband</sup>

Father's Name *Robt Taylor* <sup>Father's Birthplace</sup>

Mother's Maiden Name *Rose Whiting* <sup>Mother's Birthplace</sup> *Md*

Name of person giving information <sup>How related to deceased</sup>

## CAUSES OF DEATH

Primary *Unknown* <sup>How long</sup> *179* *Suddenly*

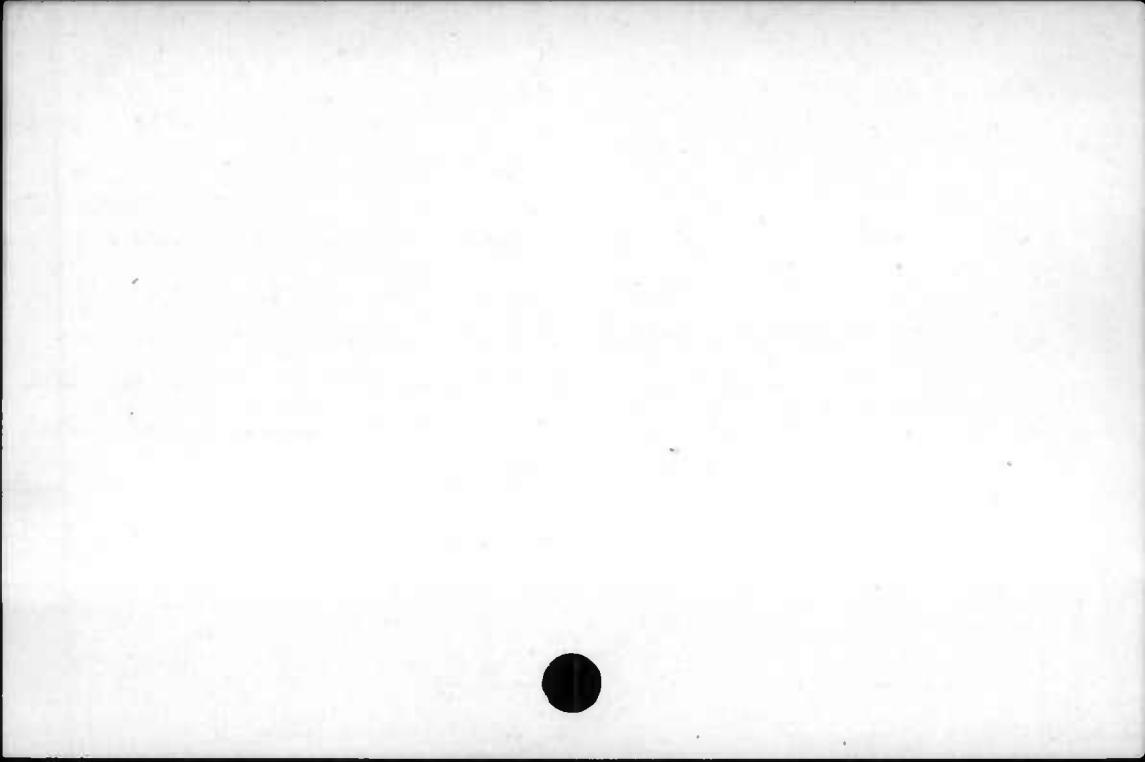
Immediate <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? <sup>Signature of Physician</sup> *St. Louis Maylor*

<sup>Address</sup> *Pikeville Md*

Accident or Suicide? ☒

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

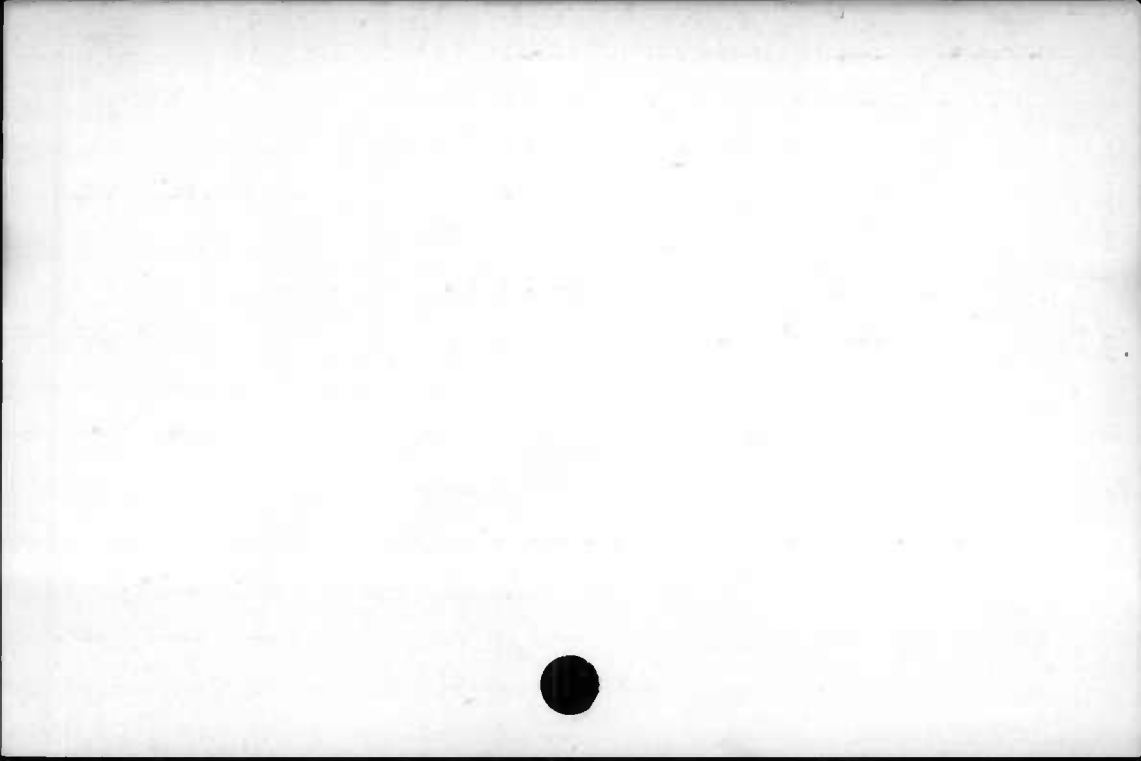




Name in Full		Annie Beatrice Pauschman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Pikesville		County		Baltimore
	Date of death		1906	Month	January	Day	18
	Sex		Female		Color or Race		White
	Occupation		School girl		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Charles A. Pauschman		Father's Birthplace		Baltimore
	Mother's Maiden Name		Tallie Edell Pauschman		Mother's Birthplace		Baltimore
Name of person giving information		Wm. Shirley		How related to deceased		Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Lungs & Heart		How long		9
	Immediate		Cardiac Asthma		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Wm. J. Buppard
					Address		Baltimore
	Accident or Suicide?						



Name in Full		Miss Rose Tubman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>St. Agnes Hospital</i>		Town <i>Belts</i>		County		MARYLAND
	Date of death <i>1906</i>		Month <i>1</i>	Day <i>20</i>	Age <i>50</i>	Years	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Aniwa</i>		
	Occupation <i>None</i>		Where Residing if not at place of death				
	<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband				
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving information					How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Consumption</i>					How long	
	Immediate <i>Exhaustion</i>					How long	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician <i>Frank Worley M.D.</i>	
	Yes -					Address <i>St. Agnes Hospital</i>	
Accident or Suicide? <i>—</i>					✓		



Name  
in  
Full

Susannah Turnbaugh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Texas</i>		County <i>Balto</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Jan</i>	Day <i>24</i>	Years <i>52</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Balto Co.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Domestic</i>				
Name of Wife or Husband <i>Kennedy Turnbaugh</i>					
Father's Name <i>Thos Sullivan</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Mary A. Hager</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Kennedy Turnbaugh</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Double Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Dilated Heart &amp; Dropsy</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. M. Boney M.D.</i>
	Address <i>Texas Ind.</i>
Accident or Suicide?	

Funeral at Gerson  
Cemetery A 8<sup>th</sup>

Name  
in  
Full

George Henry Turner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Catonsville<sup>County</sup> Baltimore

Date of death 1906

Month Jan

Day 28

Age

Years 17

Months

Days

Sex Male

Color or Race

Colored

Birth-place

Va.

Occupation

House of Reformation

Where Residing if not at place of death

Catonsville

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Wm H Turner

Father's Birthplace

Va

Mother's Maiden Name

Sallie Lewis

Mother's Birthplace

Va

Name of parson giving information

Lottie Adams

How related to deceased

Sister

## CAUSES OF DEATH

Primary

Phthisis

How long

2 yrs

Immediate

asthenia

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Marshall B West  
Catonsville Md

Accident or Suicide?

Western Star Cemetery  
Pai.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 1906

Month

Day

Age

Years

Months

Days

MARYLAND

Sex

Occupation

Color or  
RaceWhere Residing if not  
at place of deathBirth-  
placeMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

How long

How long

Accident or Suicide?

Carrie Abinger

Mr Hope Retreat Baltimore

1906

Jan

5

Age

40

—

—

Sex

Female

Color or  
Race

White

Birth-  
place

Pa.

Occupation

Housekeeper

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceasedPHYSICIAN  
OR CORONER

Primary

Melancholia

(68)

How long

1 yr

Immediate

Exhaustion

How long

3-4 months

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

C. B. Currier M.D.

Address

Mr Hope

Md

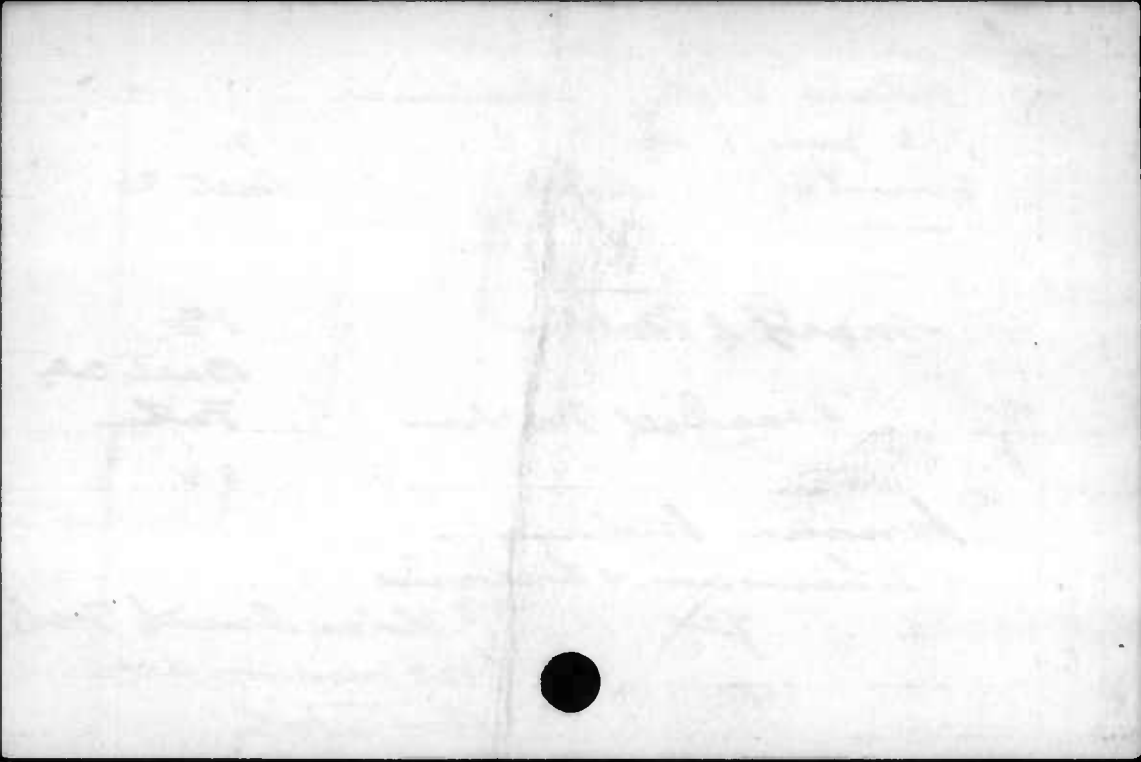
Accident or Suicide?

No

✓



Name in Full		Certificate of Death			
Alice A. Walters		Town		County	
Died at Roslyn		Baltimore		MARYLAND	
Date of death 1906		Month 1	Day 26	Years —	Months — Days 18
Sex Female		Color or Race Colored		Birth-place Balt. Co.	
Occupation		Where Residing If not at place of death Roslyn			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Hyman Walters		Father's Birthplace Balt. Co.			
Mother's Maiden Name Mary Sedgwick		Mother's Birthplace "			
Name of person giving information Hyman Walters		How related to deceased Father			
CAUSES OF DEATH					
Primary		151		How long	
Immediate Transition				How long from birth	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
		M. Louis Naylor		P. Resnick	
Accident or Suicide?		✓		md	



Name  
in  
Full

Helen Elizabeth Walker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Poland Park</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>20</u>	Years <u>3</u>	Months <u>2</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balti Co.</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>MacGill Walker</u>			Father's Birthplace <u>Pa</u>		
Mother's Maiden Name <u>Bessie Marsden</u>			Mother's Birthplace <u>Balti City</u>		
Name of person giving information <u>MacGill Walker</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Sarcoma Bridging</u>	How long <u>3 months</u>
Immediate <u>Exhaustion + Invernia</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>P. Urban Smith M.D.</u>
	Address <u>1928 Madison Ave</u>
	<u>Balti Co. Md</u>
Accident or Suicide?	

G. F. Walker

723. W. Lafayette Ave.

to Green Mount. Cmn.

Baltimore Md

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Baltimore* <sup>Town</sup> *Almshouse*County *Baltimore*

MARYLAND

Date  
of death *1904*Month *1*Day *22*Age *77*

Years

Months

Days

Sex *Male*Color or  
Race *White*Birth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed *Single*Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

*Progressive bulbar paralysis about 2 years*

How long

Immediate

*Inanition*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*Dr. Theo. C. Bussey*  
*Texas*  
*Md.*

Accident or Suicide?

For body is to <sup>be</sup> buried by me  
at this place.

Yours O W Enos  
Sept.



Name  
in  
Full

Anna Maria Webb

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bella <sup>Town</sup> Balto. <sup>County</sup> MARYLAND

Date of death 1906 <sup>Month</sup> January <sup>Day</sup> 31 <sup>Years</sup> ago 89 <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race White Birth-place Med

Occupation House Duties Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Thomas Webb

Father's Name Patrick Maloney Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information Elizabeth Webb 154 How related to deceased Daughter in law

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

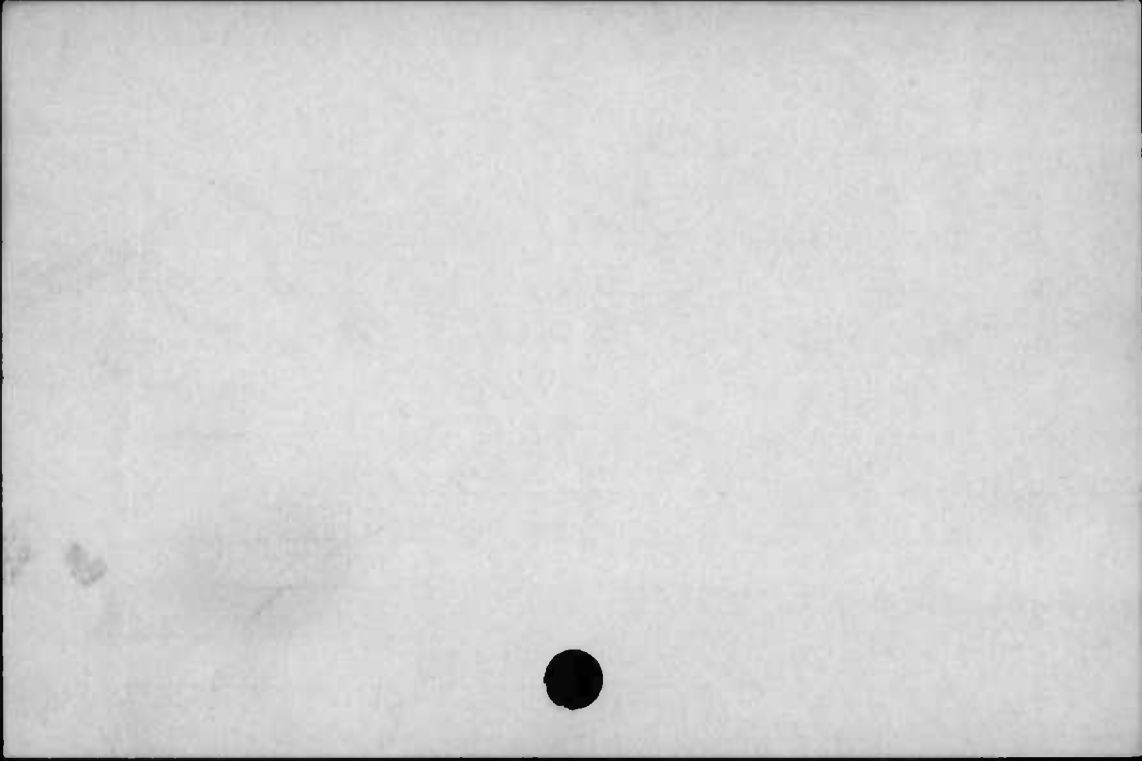
Primary Senile degeneration How long —

Immediate Arteriosclerosis How long —

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Jno W B Thomas used

Address Edmont City, Md

Accident or Suicide? —



Name  
in  
Full

## CERTIFICATE OF DEATH

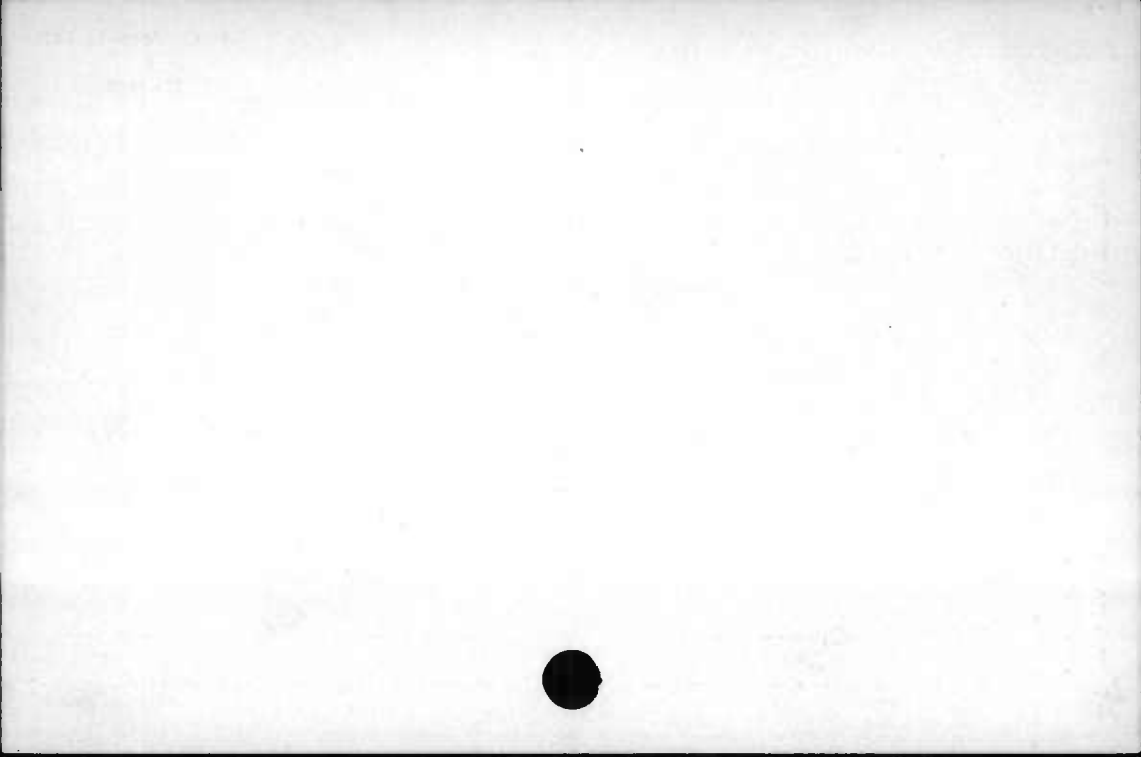
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		White <sup>Town</sup> Hall		Baltimore <sup>County</sup>		MARYLAND	
Date of death 1906	Month	Day	Age	Years	Months	Days	
	1	25	37		1	22	
Sex	male		Color or Race	White -		Birth-place	Germany
Married, Single or Widowed	Single		Occupation	Laborer			
Name of Wife or Husband							
Father's Name							
Fred Wilke							
Fether's Birthplace							
Germany							
Mothar's Maiden Name							
Sappia Merier							
Mothar's Birthplace							
Germany							
Name of person giving information							
Fred Wilke							
How related to deceased							
Brother							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Struck by engine on N.C.R.R.	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm E. Anderson
		Address	Whitethall Md
Accident or Suicide?	Accident		✓



Name  
in  
Full

*Geo. F. Wurst*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Wilkins Ave. Ex. Balto</i>		County	
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>28</i>	Age <i>62</i>
Sex <i>Male</i>	Color or Race <i>W</i>	Birth-place <i>Germany</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wilhelmina Wurst</i>		
Father's Name	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name	Mother's Birthplace <i>"</i>		
Name of person giving information <i>John P. Wurst</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Hepatitis</i>	How long <i>120</i>
Immediate <i>Acute Gastritis</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. O. Mara M.D.</i>
	Address <i>1012 Edmundson Ave.</i>
Accident or Suicide?	<i>County</i>

Souden Park

Jan. 31/1906.

William Cook

502 E North Ave

Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Mt Washington</i>			County <i>Balt Co.</i>		MARYLAND	
		Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>18</i>	Age	Years	Months <i>3</i>	Days <i>28</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		
		Occupation			Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name <i>Fred. Young</i>			Father's Birthplace <i>Md</i>			
		Mother's Maiden Name <i>Martha Lanhoff</i>			Mother's Birthplace <i>Md</i>			
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information <i>Fred Young</i>			How related to deceased <i>Father</i>			
		CAUSES OF DEATH						
		Primary <i>Broncho Pneumonia</i>			How long <i>3 days</i>			
		Immediate <i>Exhaustion</i>			How long <i>12 hrs.</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Chas Beeton M.D.</i>			
					Address <i>Mt Washington</i>			
		Accident or Suicide?			✓			

Interment in St Marys  
P.E. Cemetery Hampden  
Baltimore Md

by J. M. E. Lokenow & Son,  
Funeral Directors  
919 3rd Ave  
Hampden



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rollins</i>		Town <i>Beth</i>		County <i>11</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>June</i>	Day <i>4</i>	Age <i>53</i>	Years	Months <i>2</i>	Days <i>20</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick</i>				
Occupation <i>Teacher</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>not known</i>	(45)		Father's Birthplace <i>not known</i>				
Mother's Maiden Name <i>not known</i>			Mother's Birthplace				
Name of person giving information <i>Alfred John Dubock</i>	How related to deceased <i>Dear Friend</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Thyroid Gland</i>	How long
Immediate <i>Asthenia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Vernon Norwood</i>
	Address <i>939 W. Fayette St</i>
Accident or Suicide?	<i>✓</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Infant of Susie Young</i>		Town <i>Like Station</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death 190 <i>6</i>		Month <i>January</i>	Day <i>16</i>	Age <i>6-7 months</i>	Years <i>gestation</i>	Months	Days
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Like Station</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name <i>Susie Young</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Susie Young</i>				How related to deceased <i>mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long	<i>5</i>
Immediate	<i>Still born</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>William J. Ford</i>	
		Address <i>W. Washington</i>	
Accident or Suicide?			

A. S. Marshall  
3539 Fall Road  
St Johns @ Church  
Sherwood